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REMARKS

ON

SURGICAL CASES,

DELIVERED IN 1836, AT THE

JERVIS STREET HOSPITAL AND THE INFIRMARY FOR SKIN DISEASES, DUBLIN.

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REMARKS MADE DURING THE EXAMINATION OF A CHILD WHICH HAD BEEN BURNT TO DEATH.

THIS is an appalling spectacle, gentlemen, yet you seem to think nothing of it. I scarcely wonder; you are so accustomed to witness these melancholy accidents. You remark, that there is not an inch of the cutaneous surface which has not severely experienced the influence of the devouring element. It is worth while to notice the various appearances which the skin presents in different parts, according to the degree of injury inflicted. The epidermis, with the nails, can be pulled like gloves off the hands. That of the feet is affected in a less degree but in a similar manner; and it is remarkable that the cutis, thus exposed by the removal of the cuticle, is white and bloodless, while such parts of the cutis as were deprived of the cuticle during the life of the child, are, you observe, where their vitality is not destroyed, as red as a piece of scarlet cloth. On the other hand, remark, that where the vitality of the integuments has been annihilated, the skin is of a tawny or yellow colour. It has a leathery or coriaceous feel, is somewhat tense, firm, and shining. It is also remarkable that while the cuticle can be easily peeled off from those parts of the cutis whose vitality has not been destroyed, it closely adheres to such as have been burned dry, and from them can be removed only by scraping. These intensely burned parts are, you see, constricted, so that wherever they surround a portion of a limb, an appearance is given as if it was tightly girt by a bandage.

What is the state of the subcutaneous tissue? Let us cut into it; you see that it is infiltrated with serum, and in many parts increased in vascularity.

Before you open the head, I will tell you what you will find, for many such cases have I examined, and the appearances were in all very uniform. The vessels of the brain, as well as of its membranes, will be found gorged with blood, and a preternatural quantity of reddish fluid will be found in the ventricles and in the cavity of the cranium. Ah! you see the large quantity of blood which is accumulated about the head. The sinuses and vessels of the dura mater are all gorged with blood. Remove the dura mater; see how full the vessels of the pia mater are: remark the anormal size and number of red parts through the medullary cerebral substance. There is, you observe, at least a teaspoonful of reddish serum in the corner of each lateral ventricle; and now that I have removed the brain, you find that there is full an ounce of reddish serum lying in the base of the cranium: the same flows also out of the spinal canal.

Let us now examine the chest; the heart appears remarkably large; its right ventricle is also unusually flabby; it contains much blood, which is, you remark, very dark, and quite liquid. The lungs are congested with blood, but not so much so as I have often observed in such cases as the present.

The appearances in the abdomen will be analogous to those we have seen in the head and chest. Yes, they are. You observe, that even the peritoneum is congested. We shall find the state of congestion better marked, however, in the mucous surfaces. Let us take out the stomach; feel its tunics; its walls are thickened, though the organ is not contracted on itself. Now observe the beautiful rosy pink colour of its internal surface, which is covered by a mucous layer that presents a consistence approaching to lymph. The vascularity of the lining membrane of the œsophagus seems normal. Before I examine the mucous or internal surfaces of the intestines, remark, that, viewing their external surface, their vascularity

seems to decrease from the duodenum to the rectum. See how marked the *valvulæ conniventes* are in the jejunum. These processes are distinctly seen through the trunks. The difference between the vascularity of the upper and lower portions of the intestines is still more remarkable on the inner surface. That of the colon does not present any anormal redness, while that of the jejunum is much redder than natural. The parts whose vascularity is much increased, contain a pulpy matter, which has somewhat of a reddish or sanguineous aspect. This pulp is not found in the lower part of the canal. See how numerous and well marked the glands of Brunner and Peyer are. This is not, however, I believe dependent on the injury received, for these glands were evidently affected by chronic disease, and the mesenteric glands also are larger than natural.

You have now seen the appearances which you will pretty uniformly find in cases where death has arisen from extensive burns. You will not, however, in general, observe them so well marked, particularly if the individual dies so very soon after the injury as this child died. It was burned at eleven o'clock last night, and died at four o'clock this morning. It had, poor child, although only about eight years old, been sitting up for its father, an artisan, who was occupied as artisans generally are in this city of a Monday evening,—drinking. Her clothes took fire, and it would seem from the appearance which she presented, when she was conveyed to the Hospital, that they had been burned to a cinder on her, for she was naked. There was a cloak simply rolled round her, and the person who carried her, had in his hands a few rags quite burned. The child was then, as I am informed, in some measure lethargic. She was, however, sensible, though unwilling to speak. There was no pulse to be felt at the wrist, and to detect the motions of the heart, the stethoscope was necessary. Her surface was cold. Now these are precisely symptoms which occur in all cases of very extensive and severe burns, as soon as the instantaneous effects have subsided; and these symptoms are sooner or later followed, as was the case in this child, by vomiting, and often by convulsions. The period at which death takes place, even in cases in which it is from the first inevitable, is, as you might expect from the varieties of habits, uncertain. Not many months ago, a woman lived in this hospital for upwards of a month, whose death seemed to be hourly expected. Her whole surface almost, had more the appearance of tight buckram than of anything else. Scarcely a part had escaped the flames, and the action of the fire had penetrated much more deeply than in the present case. The stage of collapse passed by; reaction and suppuration even had set in, and it was really to be feared that she might recover; I say to be feared, for, considering her state, I could not conceive that any more deplorable consequence could have happened to her in this world, than a recovery. The principal source of distress during reaction, and after the vomiting had subsided, was her breathing, and it was greatly relieved by bleeding. The dissection which we have just had, points out the rationality of bleeding, and that it should be assisted by all such means as determine judiciously to the surface of the body. Congestion exists in the first instance. It occurs very quickly after the injury, as soon, perhaps, as the immediate excitement has passed by; and this congestion is, sooner or later, if the person survives, followed by inflammation, more frequently of the lungs, perhaps, than of any other part.

WOUND OF THE SCLEROTIC TUNIC OF THE EYE, INJURY OF THE IRIS, AND CONSEQUENT ALTERATION IN THE FORM AND SITUATION OF THE PUPIL.

Ward No. 1, *Peter Hatch. April* 12, 1836. —Here is a case which deserves your attention. This man, who is a bottle-washer, plunged a bottle yesterday morning into boiling water, with the object of getting out a stopper, which was firmly fixed in it. The bottle burst in his hand after he had removed it from the water, and one of the fragments being propelled against his right eye, inflicted this wound. You see that it is seated a little way behind the junction of the sclerotic and cornea, and at the middle of the inferior semidiameter of the eye. It is scarcely less than three quarters of an inch in length, yet apparently the humours have not escaped. This is, perhaps, owing to the valvular form of the opening which you see the wound has made. Observe the state of the pupil; you notice that it is much dilated, and that its form is as oval as that of a cat; one end of the oval looks to the site of the wound, and the whole iris is dragged apparently to this point, so that while the breadth of the iris, seen between the pupil and the upper part of the circumference of the cornea, is very large, the lower edge of the pupil is in contact with the lower part of the circumference of the cornea, and the breadth of the iris at that part is scarcely anything. It is difficult to account for this traction of the pupil, inasmuch as there is no hernia or protrusion of the iris. You remark, that as yet there is no sign of union between the edges of the wound. I can pass a probe between them. You see I cannot, by any manœuvre, replace the iris, or alter the situation or form of the pupil. They seem to be immoveably fixed in their anormal state. He says his vision is very imperfect, but that he can see pretty well when objects are

placed in some situations. He lost, he says, all power of vision in both eyes for some time after the accident. In half an hour, however, vision returned to the eye which had not been wounded, but he could not distinguish light for several hours by the wounded eye. It would seem as if a state of concussion of the organ had been produced. Remark, as I have already said, no union has taken place between the lips of the wound. The eye is also very little inflamed, and he has not now much pain. The pain caused by the accident has subsided, and the pain of inflammation has not commenced. It is worthy your notice how tardy inflammation of the eye from wound is, sometimes, in taking place. In the present case there is, as yet, no inflammatory action, yet it is twenty-four hours since the accident. This must not lull you into security in such cases. They are treacherous, and often cause, after a time, violent and destructive inflammation. It is also a fact, respecting inflammations of the eye, that they may be so violent as to cause the total disorganization of the organ, and yet the constitution shall scarcely sympathize. This seems the more remarkable, when we reflect on the sensitiveness of this organ in some respects.

What should be done in this case? Our object should be to guard against inflammation. He seems a healthy man. Let him be bled from the arm. Let twelve leeches be applied to his temples in the evening, let his bowels be emptied, and then let calomel and opium be given, to touch his mouth. Shut his eyelid, and let a compress, wet in the cold lotion, be placed very gently on the part, and retained there by a very loose bandage.

April 14. His mouth is slightly touched with the mercury. You see the eye remains free from inflammation, yet, as the lips of the wound are closed by lymph, and surrounded by numerous dilated vessels, there is sufficient action going on for reparation. He has no pain. I attribute the prevention of inflammatory action as much to the calomel and opium as to the bleeding. Omit the calomel. The day is fast approaching when mercury will be used more extensively than it now is, as a means of both preventing and removing inflammatory action. You see daily how much use I make of it for that purpose, and with what success.

20. The wound is quite closed. Its site is now marked by a transparent projection, almost like a bulla or vesicle. This is surrounded by vessels whose diameter is larger than natural. You remark that the treatment adopted has quite succeeded in keeping down all inflammatory action. The vision is also as perfect as you could expect, considering the alteration in the form and situation of the pupil. That opening is still dragged to the lower part of the circumference of the cornea, so that there is no part of the iris visible between the lower edge of the pupil and the corresponding part of the circumference of the cornea, while the breadth of the iris between the upper edge of the pupil, and the upper part of the circumference of the cornea, continues greater than natural. You have observed, that although the form and the situation of the pupil are so much altered, it obeys the influence of belladonna. When the eye was yesterday under the action of this agent, the upper part of the iris, which is so broad, was very much narrowed or contracted in extent, and the size of the pupil much increased.

May 3. The vascularity of the eye has decreased. The tumidity of the cicatrix has diminished. It still, however, remains transparent. The sclerotic seems not to have been regenerated, and the cicatrix appears formed solely by the conjunctiva. There is no pain, and scarcely any anormal redness, and vision is tolerably perfect. He may be discharged. It will be interesting to watch the changes in the state of the cicatrix and in the form of the pupil, which will, sooner or later, most probably occur.

COMPOUND FRACTURE OF THE BONES OF THE NOSE, WITH DIVISION OF THE SUPRA-ORBITAL ARTERY.

Ward No. 1.—*April* 13. *James Segraff, aged* 27, *watchman.*—Here is a severe wound. It involves the cranium and face. It is full two inches long. It traverses the root of the nose at its junction with the forehead, and passes through and across the left eyebrow. It has probably divided the supra-orbital nerve and artery, for it runs exactly across the supra-orbital hole, and I am told there was copious bleeding from an arterial branch immediately after the infliction of the injury, yet there is no symptom of an injured or divided nerve. The bones of the nose are broken. You can feel that these bones are bare in the bottom of the wound. Observe that blood flows from the nostril. Does this arise from the wound communicating with the cavity of the nose, or does it arise from an injury inflicted independently of this cavity? If the wound communicates with the cavity of the nose, air will come out of the wound, provided he expires while he grasps his nostrils between his finger and thumb. Let him make the experiment. Oh! how forcibly the air escapes. It would blow out a candle. There is, therefore, an evident communication between the wound and the cavity of the nose. The edges of the wound, through its whole extent, are very much contracted. It must have been inflicted with a very blunt instrument. He says it was caused by the blow of a large stick.

The contusion is so great, in every part of the wound, that there is no hope of reunion by the first intention. It will nevertheless be prudent to keep its lips in gentle apposition by adhesive plaster, and as the brain has most probably suffered a shock, for he was knocked senseless by the blow, let him be largely bled and purged.

15. This man complains of much pain across his forehead. His face is flushed; his tongue is loaded; his pulse is 100. Although he has lost much blood, he had better be again bled from the arm and well purged.

18. Remark how much this man has been benefited by the bleeding and purging. All is now going on well.

May 2. The wound is almost healed, the communication with the cavity of the nose is closed. There is very little, if any, deformity, and no permanent defect has been produced. He has been very fortunate. He may be discharged.

MOTHER AND CHILD AFFECTED WITH THE VENEREAL DISEASE.

May 5th, Dispensary.—There is a child, which I am sure, from the sound of its voice, is affected with syphilis. Yes; remark, there are red-brown stains on the face. These are very characteristic. Now, let us inquire into the symptoms and history of this case, and put to the test some of the opinions which I developed to you in my lecture on Monday last (See LANCET, vol. 2, 1835-6, p. 173.) Strip the child. It is rather a fine-looking boy, full and fat, although he has a pallid or pasty countenance. You remember I informed you that, contrary to common opinion, you would occasionally meet with syphilitic children well nourished and of a healthy appearance, the particular symptoms of syphilis excepted. Here is an illustration of the truth of that opinion. You observe that there are few parts of the surface which are not more or less affected, that there is some difference of appearance in the spots on different parts. There are many of them mere stains of a red-brown colour; some of them are smooth, others scaly. There are also some of them, as here at the back of the neck, a little raised, and very scaly. The scales are even nearly as thick as thin crusts. Look at the pudenda and the anus,—here you see the disease still better characterized than on the general surface. The spots in this situation are condylomatous. The centres of some of these condylomata are, you remark, depressed. Yes, ulcerated, and their borders raised and rounded, so as to give to many of them very much the *form* of a cow-pock vesicle. Some of the largest are, you see, on the scrotum, the skin of which is very lax and pendulous. There are several formed at the anus, which have regular cupped ulcers, with a sharp edge. You see how decidedly this case proves that situation greatly modifies the appearance of this form of venereal disease. It is upon parts opposed to other parts that the condylomatous character is presented. Here is a fossa or wrinkle in the thigh produced by folds resulting from obesity, and you see that the spots lying in it have become condylomatous, as well as those between the scrotum and thigh, although on every other part of the thigh they are either stains or very slightly raised scaly spots.

Next, direct your attention to the mucous membrane of the mouth and nose, which is, in general, affected in these cases. You see that the nostrils are somewhat plugged up with indurated discharge; and the mother says that occasionally a reddish fluid escapes from the nose. The only perceptible disease in the mouth is a peculiar white elevated patchy appearance on the dorsum of the tongue. This appearance is sometimes observed in syphilitic infants. There are no cracks or superficial ulcerations on the lips.

Do you not now remark that the symptoms are, as I have told you they always were, when the venereal disease was contracted by the fœtus in utero, of the exanthematous class? The stains, the scaly spots, the tubercular or condylomatous patches, and the superficial ulcers, are all symptoms of the exanthematous group.

Now, how long have these appearances been in existence? What age is the child? The mother says that he is two months old, that he was very healthy-looking when born, and that the disease has existed for a month. Thus, you remark, as I said to you in my lecture was generally the case, that the disease commenced about a month after birth. The mother further says that the first symptoms were an eruption of flat red-brown spots, and subsequently a hoarseness of voice, and that these symptoms were followed by the more elevated spots upon the pudenda and round the anus. Now does not this case illustrate many of the points which I advanced in my lecture? Among others it demonstrates the exanthematic character of the symptoms, the period after birth at which they occur, and the compatibility of a syphilitic contamination with an otherwise healthy state.

Let us next direct our attention to the mother. She appears healthy, but I'll warrant she has got the disease, and most probably the exanthematous variety of it. Yes, look into her throat. You remark the superficial ulceration on the arches of the palate. Here is a slight crack at the angle of her mouth. She has also got condylomata on the pudenda and round the anus. She says she has been married about a year; that she remained well for about seven months after marriage, or until she was pregnant six months; that she then became

sore in the pudenda, and got piles (condylomata I presume), and subsequently sore throat. She says she has not used any medicine, except some ointment for the piles, and that this was of use to her. How this ointment served her you can easily conceive, when you reflect that the ointments commonly sold for piles, contain more or less of the nitrated mercurial ointment.

You remark that the mother's symptoms also confirm the views developed by me in my last lecture on syphilis. The symptoms under which she labours are like those of the child, exanthematic. It is probable, from the account she gives of herself, that she did not contract the disease from her husband for some time after marriage; and as, from the age of her child, it is evident she must have been pregnant very soon after marriage, it is probable that the contamination of the infant did not occur until after it had acquired some development, and hence probably one cause why it was at birth, and why it is even now, so healthy-looking in every respect, except so far as relates to the state of its voice, and the symptoms of the venereal disease in its skin; I believe I have often observed facts analogous to this, and I have much reason to conclude that the period at which the fœtus becomes diseased in utero, determines whether it shall be carried the full time or not, as well as the state it may be in when expelled from the uterus.

Next let us turn our attention to the husband; he is not present, we can therefore obtain no information respecting him, except from the account of his wife. She says that he has had no disease of any kind, she is quite sure, since they were married; but that he admitted that he had had the venereal disease some time before marriage. I can easily believe this. I have known husbands apparently free from disease contaminate their wives. This fact I also communicated to you in my last lecture, and gave you more than one case in illustration. I am of opinion, as I have already told you, that Mr. Hunter's doctrine, that the venereal disease cannot be propagated except by the secretions from a venereal *sore*, is quite erroneous, and its promulgation has done no trifling harm.

I shall give mercury to the mother, and through her I shall cure this child.

RESEARCHES INTO THE DISEASES OF CHILDREN.

HOPITAL DES ENFANS MALADES, PARIS.

TYPHUS FEVER IN CHILDREN.

CASE 1.—*Boy, fourteen years of age, lately arrived at Paris.*—Symptoms *of Inflammatory Fever at the commencement, followed by those of an Ataxic Nature. Delirium, Agitation, Subsultus Tendinum, Trembling of the Extremities, Deafness, accompanied by Diarrhœa, Tympanitis, Rose-spots.* — Treatment: *Diet and Cooling Drinks at first, Thin Lavements, with Camphor Blisters to the Lower Extremities.*—Death on the 15th day—*Deep Red Injections of the Pia Mater, with Sanguineous Effusion over both Anterior Lobes of the Cerebral Hemispheres, a few Apoplectic Coagula in the Right Lung, Ulceration of the Intestine confined to the last Six Inches of the Ileum and Colon, Tumefaction of the corresponding Mesenteric Ganglia.*

DURAND, fourteen years of age, inhabiting Paris only for the last fifteen months, of strong constitution, brown skin and hair, muscular system well developed, well fed, accustomed to sleep in a low moist ground-floor, was seized, on the 15th of February, without any known cause, with headache, dull pain in the limbs, loss of appetite, sense of uneasiness about the abdomen, and constipation; the patient continued his usual occupations up to the morning of the 19th, when he went to market, and returned with a heavy load. In the course of the day febrile symptoms made their appearance, the patient was obliged to keep his bed, and in the evening of the 20th came on foot to the hospital; no treatment had been employed. The boy did not bleed at the nose.

21. Face red and animated; skin warm; pulse 120; the headache is intense, occupies the sub-orbitar region, and accompanied by ringing in the ears, giddiness; there is no mark of stupor; the patient answers correctly; sight intact; tongue red at the point, where its papillæ are very much developed; it is covered with a whitish fur, and gives a clammy feel to the touch; thirst intense; the child has vomited during the night; this was produced by drinking the hospital tisan, which the boy took with extreme disgust; abdomen painful; constipation from the beginning of the disease; no lenticular spots on the integuments of the abdomen; no gurgling on pressure; cough slight; no difficulty of respiration, or pain in the chest; auscultation and percussion furnish only symptoms merely negative.

Two Pints of Lemonade; Emollient Lavement.

The *ensemble* of symptoms just described, which PINEL's school called "inflammatory fever," seemed to indicate imperiously the employment of general bleeding. For our own part, although we suspected a lesion of the glandulæ agminatæ of the small intestine, we would not have hesitated a moment on opening a vein; the physician, however, took a different view of the disease, and merely prescribed cooling drinks (lemonade) and abstinence from food. But another series of symptoms soon set in.

22. The constipation has given way to diarrhœa; eight or ten stools during the night; abdomen now tympanitic; on pressure we feel the gurgling sensation in the right iliac region. The pain is not remarkably increased; thirst continues; no appetite; tongue dry; no vomiting. Intellectual faculties still intact. When the extremities are lifted up, we remark they tremble; there is also subsultus tendinum; skin now dry; pulse 108 to 112; one small bleeding from the nose. *Continue remedies.*

23. Same state; pulse 114; inspiration 36; cough, with sibilant râle in the left side of the chest.

24. Delirium appeared last evening, and persisted during the night.

25. The delirium was more violent than the night before; the patient sang and cried alternately; he threw off his shirt and jacket, and ran about the ward in a state of nudity. This morning he lies in a state of stupor; the face is coloured about the malar bones only; he answers rationally; hearing dull; headache persists; the nostrils dry and dirty; the lips cracked and bleeding; the tongue dry, and also cracked near the centre; abdomen very sonorous; we now observe for the first time two or three lenticular spots; four or five liquid stools during the night; pulse 116; respiration 48.

Infusion of Mallows; Gum-Water; Two and a half Emollient Lavements; One Cup of Weak Broth.

26. Delirium at night; diarrhœa more abundant than before. The breath is suspended, especially as the patient takes it with great repugnance.

27. Delirium constantly prevailing during day and night; cries, laughing, singing, weeping; agitation; the patient made several efforts to leave his bed, where he was confined with the strait-waistcoat. This morning he answers in the most absurd manner all the questions we address to him; however, he shows his tongue when desired; he asks constantly to be relieved from constraint, that he may go and work, or bring provisions from market. The eye is haggard; the pupils rather contracted than dilated; the typhoid spots are in small number, but very well characterized; the tongue dry; the excretion of urine and feces involuntary; subsultus tendinum and trembling of the extremities continued; pulse 112.

Blister to each Leg; Two quarter Lavements, with Six Grains of Camphor in each.

28. The patient is more calm; his voice is now quite hoarse from the violence of his cries last night. The delirium occurred only at intervals; the tongue is dry and dirty; abdomen tumid, but little sensible on pressure; one involuntary stool in the twenty-four hours. The typhoid spots are now pale, and the sides of the chest covered with sudamina; the lavements have been retained, and the patient seemed very sensible to the action of the blisters.

The blistered surfaces are dressed with Cerate, and the Camphor Lavements continued.

29. The patient passed a quiet night; the skin of the sacrum looks inflamed, and about to ulcerate; it is covered with a large stripe of diachylum; the stools are passed involuntarily, but are less frequent.

May 1. The prostration in which the patient is now plunged, is excessive; he is unable to sit up in bed, or maintain that posture when placed in it. He constantly mutters between the teeth something unintelligible. The hearing is now extremely dull; tongue dark, foul; the diarrhœa abundant, and the stools involuntary; the abdomen tympanitic; pulse 112; respiration 36; same prescription.

March 2. The typhoid spots and sudamina have disappeared; diarrhœa now very abundant; fifteen to sixteen stools of a green fluid matter in the twenty-four hours; abdomen now sunk in, and painful on pressure.

Same Remedies; Emollient Poultice to Belly.

3. For the last two days the patient was pretty quiet, and the constraint removed today; but on the 4th, the delirium and agitation broke out afresh, requiring a new application of the strait-waistcoat.

5. Agitation with delirium night and day; spasmodic movement of the lips, trembling of the limbs, and subsultus tendinum. The patient answers correctly some of the questions we address to him, especially if his attention be powerfully fixed. Abdomen tumid, slightly painful; one of the blistered surfaces on the leg is dry; the other ulcerated. no particular symptom announces approaching death, yet soon after the visit, the respiration of the patient became embarrassed, and he died at two o'clock p.m.

Autopsy.—On examining the body, we found the arachnoid membrane perfectly transparent; the pia mater, on the contrary,

was much injected every where, and the anterior convex portion of both hemispheres was covered with a sero-sanguineous effusion; the cerebral substance was firm, and considerably injected; the lateral ventricles contained only about a spoonful of clear fluid. The posterior part of both lungs was very much engorged, and in the right one we observe in the parenchymatous tissue several coagula of dark blood as large as a large-sized pea, and firm. The other parts of the lung are healthy. The heart and its large vessels are free from alteration. In the abdomen we found the mucous lining of the stomach pale, and of normal consistency; the small intestines presented here and there some patches of injection; but there was no tumefaction of the glandulæ agminatæ, or solitariæ. In the last six inches only, we observe three circular ulcerations, and two clusters softened and red; one of these latter was ulcerated. At the inferior extremity in the cæcum, we counted no less than seventeen ulcers, the largest of which presented a diameter of a five-sous piece. The remainder of the great intestine seemed free from lesion; the mesenteric glands corresponding to the end of the small intestine were red, tumefied, and a little soft; the spleen not enlarged; the liver and kidneys quite healthy.

CASE 2.—*Boy at fourteen years.* Symptoms: *Fever of a Typhoid character; Delirium without Febrile Symptoms during the convalescence.*—Death *produced by a Tubercular Affection of the Lungs two months and a half after the attack of Fever; Ulceration of Peyer's Glands cicatrized; extensive Lesion in the great Intestine; Caverne in the left Lung.*

Louis Oline, fourteen years of age, of a feeble constitution, has been at Paris for two years; apprentice to a jeweller; was received into the hospital on the 28th January. The patient has been ill for the last fifteen days; during the first seven, general uneasiness, irregular shivering fits; diarrhœa during the last eight; constant fever; increase of the diarrhœa, pain in the abdomen, cough, prostration of strength; was compelled to keep his bed, and observe strict diet. The treatment employed, consisted in the application of leeches to the anus; baths; and some cooling draughts.

29. Decubitus dorsal; sense of weight about the head, without any ringing in the ears; face pale; expression stupid; answers slowly, but justly; hearing is a little dull; tongue clammy; appetite none; thirst moderate; pain in the right iliac region and about the umbilicus; sense of gurgling on pressure of the inferior moiety; five or six liquid stools in the twenty-four hours; lenticular typhus spots on the abdomen and inferior anterior region of the thorax; coughs without expectorating; a well-marked sifflement on both sides of the chest; pulse 108; respiration 30.

Mallow-infusion; Solution of Gum for Drink; Cataplasm to the Abdomen; Sinapisms to the Legs; Diet.

30. No delirium at night; the cough and diarrhœa persist; general languor and debility; pulse 100; no change in the other symptoms.

Continue Remedies; two small Emollient Lavements.

31. Abundant epistaxis without any diminution of weight about the head. Some change of the countenance; somnolence; tongue red at the tip and dry in the centre; seven or eight liquid stools in the twenty-four hours; numerous crops of lenticular typhus spots on the abdomen and thorax; great prostration of strength; the patient is unable to sit up in bed; pulse 96; respiration 30. *Continue remedies.*

Feb. 1. Delirium has now declared itself for the first time; the patient says he is quite well; asks for his clothes that he may go to work, but he is so excessively weak that he cannot even sit up when desired; the sense of hearing is now much more obtuse; the skin covering the sacrum is red; the tongue covered with a white viscid fur; the whole surface of the abdomen is now painful on pressure; the diarrhœa persists; subsultus tendinum; cough frequent without expectoration; the sound on percussion is dull at both sides of the chest posteriorly; and on auscultating we hear the râle sibilant already noticed. Pulse 96; respiration 30.

Continue remedies; Sinapisms to the lower Extremities.

2 and 3. The delirium has ceased; a fresh epistaxis, but not in great quantity, has occurred; ten to twelve stools; pulse 100.

4 and 5. Continuation of the same symptoms; the patient is allowed a weak broth.

6. Purulent discharge from the left ear; sense of hearing is very dull; from the 7th to the 12th the accidents diminish; the diarrhœa is moderate; the pulse slower; intellectual faculties undisturbed; tongue now moist and clean.

13. The patient is now completely free from fever; pulse only 72; skin is cool, but the patient's intellect is evidently affected. When we approach the bed he begins to cry, and says his right arm has been cut off; on examining the limb we do not observe any trace of redness, nor swelling or pain; its movements are quite free. The chest is covered with a great number of sudamina. *Four cups of Broth in the day; cont. remed.*

15. Purulent discharge from both ears. The patient is quite free from fever, but the delirium persists; he continues asserting that his arm has been cut off, and addresses the persons who come to see him in the most incoherent manner; speaks of the

sumptuous way in which he has been treated at the hospital, and of a gold watch he has just received as a present.

This state continued without any remarkable change, for a few days. On the 20th, we find the patient quite clear in the intellect; we speak of his having said his arm was amputated, he replies that he had dreamed it; tongue now moist and clean; abdomen indolent; diarrhœa suspended; pulse continues, as for the last week, at 72; for the last two or three days he has been taking soup. The boy got up to-day for the first time for two hours. A solution of chlorine is thrown into the ears. This favourable state continued to the 24th of February, when the patient remained in bed and refused eating; he complained of severe colic with tenesmus, and passed a quantity of glairy matter mixed with blood.

Decoction of Rice; 3 ounces of Malaga Wine.

26. Twenty stools within the last twenty-four hours, of a viscid semi-transparent fluid mixed with blood; tenesmus; sense of heat about the anus while at stool, but no pain in the intervals; abdomen retracted, and supple on pressure; pulse 84, feeble.

Anodyne Lavement of Rice, Water, and Opium; 4 ounces of Malaga; a few Spoonfuls of Broth.

From the 27th of February to the 31st of May, day of the patient's death, the symptoms of dysentery persist; the stools are almost constantly bloody, and sometimes mixed with bits of false membrane. The patient vomited from time to time; his appetite is very capricious; he loses strength every day. These symptoms were combated by opiate lavements, baths, decoction of simarouba, but without any effect. The patient died on the 31st in the last stage of weakness, conserving his intellectual faculties to the end.

Necropsy Twenty Hours after Death.

The *abdominal cavity* was the first examined. The stomach seemed capacious; distended by gas and fluid. The mucous lining pale and of normal consistency. In the duodenum and ileum it was thin, but the stripes which tear off are from three to four lines long. In the ileum we count nineteen glandular patches, slightly developed, and presenting a dotted black colour on a gray ground. The dotted points are regularly distributed in the twelve superior patches, but in the seven lower they are absent in part; and here we remark an evident depression in the mucous membrane, which seems to have been destroyed by ulceration, and replaced by a thin, whitish membrane of an uniform surface. Just above the ileo-cæcal valve, we observe two oval depressions, surrounded by a white border projecting a little, and apparently produced by old ulceration of two ellipitical glandular patches. The ground of each depression is smooth, and the mucous membrane has been replaced by thin layers of cellular tissue. The glandulæ solitariæ are converted into so many dark points, surrounded by a grayish areola. The chief alterations are found in the great intestine. The cæcum and ascending arch of the colon present nothing remarkable; but the transverse arch contains a number of regular ulcers, as if the substance had been removed with a punch. They penetrate the substance of the intestine to various depths, some going as far as the peritoneum. In the descending colon and rectum the ulcers are confluent, and nothing remains of the mucous membrane, except some shreds of a red or whitish colour. The volume and consistency of the spleen and liver are normal. The gall-bladder and bile pale. The left kidney is developed to twice the volume of the right one; but we cannot discover any alteration of texture. The mesenteric glands are solid, and of a white colour, without any trace of purulent or tubercular deposit.

In *the thorax* we discover alterations, some of which had not been suspected during life. The three lobes of the left lung are united together by false membrane, recently organized, and soft. The posterior moiety of this lung is in a state of red hepatization, and contains a few tubercles in a state of softening. In the superior lobe of the left lung we discover a large cavern with anfractuous parietes, formed by a gray indurated tissue; the inferior lobe is permeable to air, and contains a few crude tubercles. The greater part of the bronchial glands are tubercular, and the bronchi contain a puriform fluid. Larynx and œsophagus healthy. The heart is soft and small. Nothing worthy of notice in the great vessels.

The dysenteric affection under which this boy sank is very rarely seen as a complication of typhus fever, either during its course or in the period of convalescence. We have seen two examples this winter at the *Hopital des Enfans Malades*, but dysentery prevailed epidemically at the time in the wards, with considerable intensity. More than thirty children were cut off in a single "service."

TUBERCULAR MENINGITIS.

If we have ventured to introduce the above new term into medicine, we have not done so without long reflection, and the support of an extensive series of pathological observations. We are prepared to prove (as we shall take an early opportunity of

doing), that the disease commonly called "acute hydrocephalus" is accompanied, *in a very great majority of cases*, by an inflammation of the meninges, with the deposit of tubercular matter in the form of granulations, or cheesy matter; we therefore prefer abandoning the term hydrocephalus, because all physicians of the present day are agreed that the effusion forms no essential part of the disease, and adopting in its stead, at least for the form we treat of, a denomination which has the advantage of denoting the pathological change, and its most striking character. Tubercular peritonitis has long been admitted into the science. The time, we believe, is not far off, when the term "*tubercular meningitis*" will assume a rank by its side.

During the first "trimester" of the present year we have observed six cases of the disease called "acute hydrocephalus" in the male wards of the *Hopital des Enfans*; in all these cases the fatal termination of the disease has permitted us to verify our diagnosis, and confirm the opinion just delivered; in all the six cases we found a greater or less number of miliary granulations embedded in the pia mater, with tubercular deposit in several other organs of the body. With respect to the age of our patients, two were three years of age, two of six, one of eight, and one of eleven years. These numbers are too insignificant from which to draw any conclusions. We possess, however, a much more extensive series. From a comparison of 140 cases observed at the *Enfans Malades*, we find that the greatest number of cases of hydrocephalus occurs at the period comprised between 5 and 7 years inclusively; and by a similar analysis of 920 autopsies made at the same hospital, we find that tubercles are most frequently met with in children exactly at the same periods of five, six, and seven years of age. Hence we are led to the discovery of the curious and important fact, *that "acute hydrocephalus" occurs most frequently at the period of infancy when tubercular formations are most frequently met with.* But these considerations will be developed with more advantage apart.

In the six cases which occurred this year, the treatment was extensively varied, but in all it was unsuccessful. We select the following as examples:—

CASE 1.—*Child three and a half years old.—Weak Constitution and Rapid Growth.*—Symptoms: *During two months, Intermittent Headache; Sudden Starting from Sleep; Loss of Spirits; Apathy; Somnolence; Irregular Access of Fever; Cough; Gradual Wasting. Then Headache, Vomiting, Constipation, Coma, Contraction of the Left Arm, Paralysis.*—Death on the 14th day.—*Numerous Granulations in the Pia Mater; four ounces of Turbid Serum in the Ventricles, with Softening of the Central Parts and Digital Cavity; Tubercles in the Left Lung, Bronchial Glands, and Spleen.*

Leture B., three years and a half old; tall for his age, but of a feeble constitution, was brought to the hospital in a state of coma, on the 26th January, 1836. We learn from the parents that they are healthy; that the child grew rapidly within the last ten months, during which period he complained constantly of his head; lost his usual gayety; started from time to time in his sleep, uttering piercing cries; he coughed; had irregular access of fever, and fell away gradually. On the 15th of this month new accidents manifested themselves; the child was seized, without any known cause, with vomiting, which continued for three days, accompanied by agitation and cries; loss of appetite; constipation; then alternations of agitation and stupor, of paleness and redness of the face, convulsive movements of the eyes. From the 21st to the 26th, coma now and then, interrupted by acute cries. From the 15th to the 26th, no less than twenty-five leeches were applied, at four times, to the temples and behind the ears. Several doses of calomel had been given without producing a single evacuation. Sinapisms had been placed every day on the legs, and blisters to the calves. During the last five days ice has been applied to the head. On the 25th, immediately after the boy's entrance, he was given *a draught with two drops of croton oil.*

27. Decubitus dorsal; face pale; head thrown backwards; pupils dilated and oscillating; complete loss of sight; coma, uninterrupted by the least cry; some slight contraction of the left arm; automatic movements of the right upper extremity; lower extremities in a state of resolution; sensibility modified, is more obtuse at the left than the right side; respiration unequal, accelerated, 36; pulse small and excessively frequent, 150; no trismus; tongue natural; deglutition difficult; low plaintive moans, when we press the abdomen. The head was now shaved, and a large blister placed along the traject of the sagittal suture. *Weak wine and water for drink.*

28. Coma still more profound; face coloured over the cheek bones; pale in all other parts; the eyes are constantly agita-

ted by convulsive movements; the conjunctivæ injected; the cornea dull; the pupils dilated to such a degree, that the iris is almost effaced; the left arm is now in a state of paralysis, affecting movement and sensibility; but the latter remains imperfectly in the other extremities; pulse too small and frequent to be counted; respiration more embarrassed, 40 in the minute. Death at two o'clock p.m.

Body examined forty-three hours after Death.

Cranium.—Skull well formed; dura mater normal; glandulæ Pachioni very much developed, and occupying the two posterior thirds of the great median fissure; vesicles on the surface of the brain moderately injected; the arachnoid membrane lining the convexity is normal in transparency and consistency. The serous side presents no trace of exudation, false membrane, or granulation. It has not contracted any adherence with the subjacent tissue, nor do we perceive any fluid effused under it at this part. The pia-mater, especially in the convolutions, is much injected, and contains here and there some granulations of a dull yellow colour and cartilaginous hardness. They vary in size from that of a millet to a canary seed. At the external and middle part of the right hemisphere they are closely assembled together, and visible through the arachnoid. At the base of the brain, the arachnoid conserves its normal transparency, but the pia mater, in addition to granulations similar to those already described, is inflated, in the neighbourhood of the fissure of Sylvius, with a yellow, lardaceous matter. On examining this substance with the microscope, we discover in several points of it a number of round granulations, and here the secretion seems formed altogether by the confluence of these small granules. The lateral ventricles form one cavity with the third, containing about four to five ounces of troubled serum, in which some portions of the cerebral substance are suspended. The fornix is reduced to a white pulp, extremely soft. The corpus callosum, and both digital cavities, partake of the ramollissement, which is more extensive and deep in that of the right side; the corpora striata and thalami are healthy. The cortical substance presents a normal degree of consistency, as does the white matter, in all other points than those just pointed out. The cerebellum, pons varolii, and medulla oblongata, healthy. The spinal marrow not examined.

Thorax.—The majority of the bronchial glands are tubercular; no adhesion between the pleura costalis and pulmonalis; right lung free from engorgement, hepatization, or tubercles. The left lung contains a number of gray semi-transparent granulations, and some tubercles in a crude state. They are chiefly situate under the pleura pulmonalis, which thus presents in some places exactly the same aspect as the cerebral serous membrane in the points where it covers the granulations of the pia mater. The heart, pericardium, and great vessels, present nothing remarkable.

Cavity of the Abdomen.—All the organs of the abdominal cavity, if we except the spleen, which contained some tubercles, were quite free from any pathological alteration.

This is another of those numerous cases, in which the inflammation of the meninges having pursued a chronic march for an indefinite period, suddenly assumed an acute character, became concentrated, as it were, in the medullary central parts and membranes lining the ventricles, and terminated in "acute hydrocephalus." We have already said that *tubercular meningitis* may terminate in three ways.

1st. The simple inflammation of the membranes may produce death, without effusion into the ventricles; this is rare.

2nd. The inflammation of the membranes, in this case generally chronic, suddenly changes to acute inflammation of the cerebral substance, terminates in yellow ramollissement, with or without effusion, and death. This affection presents equally the symptoms of acute hydrocephalus, and is not to be distinguished from it by any pathognomic sign or signs that we are acquainted with.

3rd. Tubercular inflammation of the membranes may terminate in effusion into the ventricles, with or without softening of the central white parts. This is not the place to enter into the question, whether tubercular deposit be the product of inflammation or not. However this may be, it is very frequently accompanied by inflammation of a chronic nature, recognisable after death; and even when no inflammation exists, tubercular deposit in the cerebral membranes is often attended with symptoms of irritation altogether identical with those of chronic inflammation. In the case before us, the symptoms during life would have led us to expect the presence of chronic inflammation, evinced by thickening and adherence of the membranes; but we only found a deposit of tubercular matter in a thick layer, from which we are forced to conclude either that this deposit was the effect of a chronic inflammation, or the cause of cerebral irritation nearly equivalent to the former.

The pain in the head, occurring at uncertain intervals, loss of gayety, agitated sleep, and cries, are symptoms that frequently accompany chronic inflammation of the pia mater; and they become for us *certain signs* of this affection, the moment a child labouring under them for some time is seized with an aggravation of the headache, and *spontaneous* vomiting, accompanied with the slightest tendency to drowsiness.

The march of the disease in the present case did not present any thing very remarkable; we would merely notice the little effect produced by the treatment, which, however insignificant in other cases, was here as energetic as the most strenuous advocates for bleeding and purgatives could desire, viz. twenty-five leeches to a child 3 years of age, repeated doses of calomel, ice to the head, croton oil, blisters. The disease progressed in spite of medicine, and the fatal termination did not seem to have been retarded a single day.

Before concluding, we may draw attention in a cursory manner to the contraction of the left arm observed on the 27th. This symptom is hardly ever noticed by writers on hydrocephalus, yet we find contraction or stiffness of one or more extremities mentioned, in a large number of the cases we have observed. The ventricular effusion, then, as authors generally say, is not recognisable by complete paralysis, but is very frequently attended by contraction, a symptom so commonly attributed to ramollissement alone. If our observations furnish a different result from those previously published on this disease, we can only explain it by the fact that perhaps the attention of the physicians was not formerly directed towards ascertaining the modifications of sensibility and motility which occur in acute hydrocephalus.

P. H. GREEN.

CASE OF

DOUBLE FRACTURE OF THE FEMUR

SUCCESSFULLY TREATED IN LESS THAN FOUR WEEKS

WITHOUT THE USE OF SPLINTS.

To the Editor of THE LANCET.

SIR: Six months have already transpired since Mr. Radley's excellent papers on the treatment of fractures appeared in your Journal. Week after week I have waited, anxiously expecting to find that his system had been adopted, or at least tried, at some of our public institutions. In this, however, I have been disappointed. Surely enlightened medical men are not so wedded to their prejudices, that they will longer allow the old system of torture to be continued, merely because *they* have had no part to perform in its overthrow, and in the introduction, in its stead, of a plan of treatment which is alike simple, natural, and effective. Some I perceive have even been attempting to take from Mr. Radley the merit of originality. But it matters little. The non-acquiescence of the former, and the insinuations of the latter, cannot at all alter the fact, that Mr. Radley is the first who for a number of years has treated fractures without the use of splints; and that he is the first who has *made known* to the profession that admirable plan of treatment to the world. It is therefore our duty to acknowledge the boon—to try the system—and, after having found it effective, to give to Mr. Radley all the praise which he so justly merits.

The following may add one more case to the already undeniable evidence in favour of his system, and, should it be deemed worthy, its insertion in your valuable Journal will oblige, Sir, your obedient servant,

JAMES INGLIS, M.D., M.R.C.S.E.

Castle Douglas, May 7, 1836.

CASE.—On Tuesday, the 1st of March, 1836, whilst John Napier, a boy of nine years of age, was standing by the side of his father, who was examining the spring of a cart which had been set in an upright position, it suddenly lost balance, and fell with great force, the shafts in their descent striking the boy to the ground. Being at Gelston Castle, where the accident happened, I had an opportunity of seeing the boy almost immediately afterwards, when neither swelling nor discoloration had taken place. I found that the left femur was fractured in two places; one fracture near its lower third, and the other just below the greater trochanter, at which place *several splinters of bone* could be distinctly felt. Under these circumstances, I now determined to give Mr. Radley's system* a fair trial, and taking from a bed the soft feather mattress, I substituted a hard compact hair one. A pillow was next procured, broad enough to encircle the leg and thigh, and long enough to extend from the hip to the heel. The fractures being now reduced by gentle extension, and two many-tailed bandages being firmly adapted, one enveloping the leg and lower part of the thigh, whilst the other, passing from the knee to the hip, kept, in the position desired, both fractures under

* Described in the October and November Numbers of THE LANCET for 1835.

its command. The whole limb, in the state of *natural semiflexion*, was thus incased in the *soft*, yet *sufficiently-unyielding* pillow. All inequalities were now filled up with finely carded tow, and the sides of the pillow brought closely around the limb by five pieces of strong tape, each about two yards in length, and laid double under; one end was consequently looped, so that the pillow could be loosened or tightened as occasion might require. Before the upper ones were straightened, a cloth dipped in a cold solution of acetates of lead and zinc with sulphate of alumina, was placed over the site of the fractures, desired to be renewed every hour or oftener, according to the feelings of the patient. Internally, he was to take every third hour a portion of a solution of *Sulph. Magnes. c. Tinct. Antimonii.* Thus he was left in perfect ease, suffering as little pain as if no fractures had existed, whilst at the same time the limb was secured as perfectly as if it had been encased in a mould of plaster of Paris. The pulse was now 130 per minute.

On visiting him next day, I found that he had passed a good night, having slept well and calmly; the bowels had been moved; pulse nearly as yesterday (130); skin rather hot; complains of no pain or uneasiness, except when the cold application is at any time neglected. The skin to be sponged with tepid vinegar and water.

March 3. He had been rather restless during the night; bowels still open; skin cool; appetite good; pulse 112; complains of pain at part. On opening the bandages, the fractures were found favourably placed. *Cont. medicamenta.*

5. Symptoms continue favourable; pulse 108; tongue clean and moist. The fractured femur appears nearly as straight as the other, although there is some degree of swelling at the upper and outer part. Cont.

7. Some slight restlessness since last night; pulse 100; tongue natural; skin cool; bowels open by solution. Femur still in a good position. Complains of no pain. Cont.

9. Still improving; little or no pain. The lower fracture appears to have united; there is a distinct thickening felt over the site of it. On examining the upper fracture, the splintered pieces of bone are felt rubbing against each other, with the usual grating noise.

12. *Both fractures are united.* Grating noise cannot be heard at all to-day, other symptoms as before. Wishes to get up; was removed from the bed to the sofa, is cheerful, and in perfect ease, excepting a little pain which he complains arises from the irritation of the continued application of the cold lotion, and some slight enlargement of some of the inguinal glands. In consequence of this, and as there was now no great need for the cold application, it was discontinued. *Intermittr. lotio. Contin. alia.*

At the next visit, on the fourteenth day from the receipt of the injury, the boy was able to walk a few steps with the assistance of his father and myself. This, however, was ordered not to be repeated for at least a week. The leg was still kept lightly in the pillow, and the bandages were removed. He now lies most part of the day on the sofa.

Soon after that, he was able to move about his room with the use of a crutch, and in less than a month from the date of the fracture he could do so without its assistance.

I found little difficulty in persuading the parents to agree to the total abandonment of splints. I had only to state the superiority of the new system. And now, the father, from former experience, declares that he would never consent to their application again.

The patient in the above case was, comparatively speaking, *a child*, restless, and having all the impatience of youth, and, as was seen, the slightest irritation of the glands gave him much annoyance. How, then, would *he* have done under the agony of splints? But, if a child, having the femur fractured in two places and splintered, could be kept quiet and at rest, so that when the cure was perfected the injured limb was as straight and as long as the other, how can any one object to a similar plan of treatment in the case of an adult, who is at least supposed to have sense enough to aid the reunion by a cordial acquiescence in, and a patient submission to, the line of practice adopted?

ENTERO-VAGINAL FISTULA.

To the Editor of THE LANCET.

SIR: I see by THE LANCET of last week, that a case of entero-*vaginal* fistula was related by Mr. Thurnham at the *Westminster Medical Society*. If you will allow me, I will, as briefly as possible, narrate the particulars of an interesting case which came under my notice eight days since, and which certainly bears a great affinity to that mentioned at the Society.

A young woman, ætat. 23, was seized about three months since with symptoms of acute enteritis, for which blood-letting and the usual auxiliaries were prescribed. The acuteness of the disease passed off, but her convalescence became protracted, until at length the abdomen began to enlarge amazingly, as if from the presence of an enormous quantity of flatus, admitting a tympanitic sound on percussion. Together with this there was an alarming prostration

of vital energy, a pulse hurried and feeble, and occasional vomiting of stercoraceous matter, with rather obstinate constipation. Such was her condition at the time I first saw her, now five weeks since, previous to which time she had been under the judicious management of my friend Mr. Gardiner, a highly respected practitioner in these towns. I prescribed a laxative enema, to be used as occasion might require, with the internal use of a mixture composed of the *Ammon. Carbon.* and *Conf. Arom.* in camphor julep. With this treatment she rallied somewhat, and I determined on trying the effect of the *Potass. Hydriod.*, under the use of which she certainly improved; the abdomen from being greatly distended reacquired its natural dimensions, the vomiting ceased, and the bowels became more regular. She continued to progress apparently well until within three days of the period of her death (which occurred on the 24th of last month), when a profuse diarrhœa came on, under which she sank.

I learnt from her mother that the motions had latterly passed through the vagina, as well as an amazing quantity of flatus. I was struck on receiving this intelligence, but seeing that her death was fast approaching, I thought fit to await the issue of a post-mortem inspection of the body.

Autopsy.—On opening the abdomen the intestines were found much distended with flatus; there was no fluid in the peritoneum, on examining the small intestines, which for the most part occupied the brim of the pelvis, there were discovered very numerous adhesions between them, and these again adhered to the omentum, and the peritoneum lining the internal parietes of the abdomen. On separating one very firm adhesion existing between the ileum and abdominal parietes, there escaped through an ulcerated aperture in the intestine several ounces of sero-purulent fluid, mixed with fecal matter; proceeding on I found the uterus much hypertrophied, and its upper and lateral part, near to its fundus, was occupied by a firm adhesion to the caput cæci, presenting a fistulous passage between the two organs, of the size of a common writing quill; the fundus uteri was firmly adherent to a portion of ileum three inches in length, the intestine having a communication to the same extent, through a large ulcerated fissure with the cavity of the uterus; the mucous membrane was in a state of sloughy ulceration; the vagina was normal; the rectum and the whole of the colon were filled with hardened feces, as in Mr. Thurnham's case, from which fact the same inference may be drawn. I am, Sir, your obedient servant,

JAS. GEO. DAVEY, M.R.C.S.L.
3, Mile End Terrace, Portsea, Hants.,
May 4, 1836.

RELATIVE QUALITIES OF

BARK AND QUININE.

To the Editor of THE LANCET.

SIR: In No. 659 of THE LANCET there is a report of the proceedings of the *Westminster Medical Society*, on the 26th of March, wherein I am represented as expressing my astonishment, "that Dr. Thomson should say that the great objection to the use of bark was its bulk, when a more weighty objection was its frequent adulteration. In the West Indies, where his (*my*) experience lay, the bark was almost always adulterated, and seemed mixed with something like brick-dust, whereas sulphate of quinine was comparatively pure." Perhaps you will allow me to correct the above statement, by remarking that my observation was not directed to the *adulteration* but the *deterioration* of bark, as effected by the climate, if kept for any length of time, especially when a bottle or parcel of it has once been opened for use; and I added that, if then not speedily used, it became as inert as brick-dust. From such liability to change, sulphate of quinine is free, and on this account very superior to bark. It is very true that Dr. Webster said that sulphate of quinine was as liable to adulteration as bark, and in reply I stated my ignorance of the relative liability to, or the degree of adulteration in, these medicines; but this was a fact, that since the introduction of sulphate of quiniae into the West Indies, not only were intermittent and remittent fevers more easily, but more permanently cured, and a gentleman sitting by me, who had been in the East Indies, told me that such also was the case there. I am, Sir, your most obedient servant,

P. BALLANTINE FERGUSSON.

Bath, 26th April, 1836.

I would observe that my remarks were elicited in consequence of Dr. Thomson having spoken of his experience in China, and though, for my preference to the sulphate of quinine, the cause assigned has more force in warm climates, yet in a degree it is applicable to all.

LARGE DOSES OF

EMETIC TARTAR.

To the Editor of THE LANCET.

SIR: In the last No. of your invaluable journal, to which I have been a subscriber from its commencement, I observed a case of delirium tremens, which appears to have been treated with such large doses of Antim. Tartariz., and so frequently repeated, that I

consider the patient fortunate in having escaped its poisonous effects. However, it is probable that a considerable portion of the preparation never entered the stomach. If your correspondent will take the trouble to refer to Beck, or any other author on forensic medicine, he will find that cases of poison are on record where less quantities of emetic tartar than he prescribed to his patient had been swallowed. In No. 76 of the *Edinburgh Medical and Surgical Journal*, which periodical it would appear your correspondent is in the habit of perusing, a case is related where a physician by mistake swallowed from twenty to twenty-five grains Ant. Tartar., and, although in combination with carbonate of soda, a considerable period elapsed before he perfectly recovered from its effects. Perhaps your correspondent will be kind enough to explain the *modus operandi* of the *remedy* (?) which he employed. In *justification* of this treatment he may say that there is great *morbid insensibility* (rather fortunate in his case) of the stomach; but even granting that, would not the effects usually produced by the administration of mineral poisons be likely to result in similar cases to the one he has reported?

In conclusion I will quote the words of Dr. Copland (whose "Dictionary of Practical Medicine" I would particularly recommend to his notice), when speaking of the large doses of medicines which sometimes are prescribed in this affection:—"Feats of hardihood in medicine are too often the consequence of clinical and practical ignorance, and they may be allowed to meet their own rewards, so long as they are not obtruded into the annals of our science, and thereby set forth to the inexperienced as examples to be followed &c." I am, Sir, your constant reader and well-wisher,

G. Burrow.

Poplar, April 27th, 1836.

SELF-CASTRATION.

To the Editor of The Lancet.

Sir: I have read the remarks of your correspondent in The Lancet of April 23, on the case of Morgan in *St. George's Hospital*. I saw the man very shortly after the mischief, and he was perfectly cool and collected, indeed he was so cool as to have wrapped up the excised parts in an old handkerchief, and placed them in his pocket. I could scarcely credit the fact until I saw the scrotum and testicles, and which at "one fell swoop" of the razor he had excised most adroitly, by placing a piece of cord tightly round near the base of the penis. He was much exhausted by loss of blood and want of nourishment, and I expected every pulsation would have been his last. A little brandy and water, with occasional renewal of the stimulus, aroused him, and I thought it better, as he was *homeless*, to send him at once to the hospital. The syncope was so great at the outset, that I had felt disposed to allow the handkerchief which he had pressed upon the wounded parts to remain, as the clotted blood effectually stopped the mouths of the vessels, and temporarily restrained hemorrhage. However, the parochial surgeon came, and, upon consideration, it was thought better to tie the vessels, and, most fortunately for the man, it was readily accomplished without much loss of blood; a few more ounces lost, and the equilibrium had been destroyed. No one could have been more attentive than the parochial surgeon (Mr. Martin), for, fearing any secondary hemorrhage, he went up himself with the man to the hospital, and then left him safe.

It appears that Morgan had been allowed to go out on Easter Monday, and that he came home half intoxicated. There was a patient (a young girl) in the workhouse, half idiotic, or, which is more likely, troubled with nymphomania. She went into the man's room, and the temptation overcame him. He has been, however, a very troublesome man, but it would have been more advisable to have dealt with him legally. A man guilty of murder, in Newgate is housed and fed, and, however heinous the crime, it should never be forgotten that the malefactor has a stomach, and that the gastric juice is an unpleasant secretion, unless it have somewhat to act upon. If the man recovers (and I saw him doing well on Saturday), the operation for castration is a mightily simple one. Yours very faithfully,

Thomas Litchfield.

Twickenham, April 27, 1836.

The Physiology of Digestion, considered with relation to the Principles of Dietetics. By Andrew Combe, M. D., Edinburgh. Maclachlan, 1836. London. Simpkin. pp. 332.

Dr. Combe has rightly considered the favourable reception which his "Principles of Physiology Applied to the Preservation of Health" obtained, as a proof of good appetite in the reading public, whose probable hunger after more food prepared by the same hand he has therefore here attempted to satisfy, according to promise expressed in the preface to his former supply. The medical writings by which Dr. Combe is best and most generally known, are characterized by perspicuous views of the structure and functions of the body, well adapted for the comprehension of non-professional readers, and at the same time so

correct in details and practical applications, that the professional reader may study them with advantage. Precisely what he should have accomplished, Dr. Combe has effected in this work. Nothing, indeed, can make the process of digestion easier of comprehension, and no physiological work hitherto published, contains a more accurate and scientific summary of its leading doctrines.

To the medical reader the *second* part of the work, that which is on *Dietetics*, offers most points of interest. In much of the matter it is original, and in manner always so. The various difficult questions in sanatory training, the times of eating, the proper quantity of food, the kinds of food, the conditions to be observed before and after eating, the drinks, and the proper regulation of the abdominal organs, are discussed in separate chapters. Disputable questions are wisely noticed only to be avoided, and there is no attempt to cover ignorance by dogmatism. Experience is appealed to wherever it can bear witness to the truth; and, where wanting, the analogies and language of nature are interpreted. No one can read this division of the work without profit,—without extending his practical views, and confirming in his mind those general physiological views which should regulate our daily dietetic proceedings.

In the physiological department Dr. Beaumont's researches on digestion have been analyzed by the author, and as they are in many respects novel, and of more importance than anything else recently published, we submit them to the notice of our readers.

In the original work the results of the detached experiments are presented in a less distinct form than they have assumed in the hands of Dr. Combe, and we have ourselves also taken care to extract and insert only those portions of Dr. Combe's analysis and remarks which bear directly upon the subject as an isolated topic.

"It is rarely, indeed, that we *can actually see* what is going on in a healthy stomach; but in a few instances this advantage has been enjoyed, and turned to account in investigating the phenomena of digestion. By far the most instructive example of this kind, which has ever occurred, has lately come under the observation of Dr. Beaumont of the American army; and, as that gentleman eagerly embraced the opportunity so unexpectedly afforded him, of testing the prevailing doctrines by a series of experiments, continued during a period of several years, and under various conditions of health and external circumstances, it will be useful to give a brief outline of the case.

"Dr. Beaumont, while stationed at Michillimackinac in the Michigan territory in 1822, in the military service of the United States, was called upon to take charge of Alexis St. Martin, a young Canadian of eighteen years of age, good constitution, and robust health, who was accidentally wounded by the discharge of a musket on the 6th of June, 1822. The charge," says Dr. Beaumont, "consisting of powder and duck-shot, was received in the left side, at the distance of one yard from the muzzle of the gun. The contents entered posteriorly, and in an oblique direction, forward and inward; literally blowing off integuments and muscles to the size of a man's hand, fracturing and carrying away the *anterior half of the sixth rib, fracturing the fifth, lacerating the lower portion of the left lobe of the lungs, the diaphragm, and* PERFORATING THE STOMACH.

"On the fifth day, sloughing took place; lacerated portions of the lung and stomach separated, and left a perforation into the latter, large enough to admit the whole length of the middle finger into its cavity; and also a passage into the chest half as large as his fist. Violent fever and farther sloughing ensued; and for seventeen days everything swallowed passed out through the wound, and the patient was kept alive chiefly by nourishing injections. By-and-by the fever subsided, the wound improved in appearance, and after the fourth week the appetite became good, digestion regular, the evacuations natural, and the health of the system complete. *The orifice, however, never closed;* and at every dressing the contents of the stomach flowed out, and its coats frequently became everted, or protruded so far as to equal in size a hen's egg, but they were always easily returned.

"On the 6th of June, 1823, a year from the date of the accident, the injured parts were all sound, except the perforation into the stomach, which was now two and a half inches in circumference. For some months thereafter the food could be retained only by constantly wearing a compress and bandage; but early in winter, a small fold or doubling of the villous coat began to appear, which gradually increased till it filled the aperture and acted as *a valve*, so as completely to prevent any efflux from within, but to admit of being easily pushed back by the finger from without.

"Dr. Beaumont began his experiments in May 1825, and continued them for four or five months, St. Martin being then in high health. In the autumn, St. Martin returned to Canada, married, had a family, worked hard, engaged as a voyageur with the Hudson's Bay Fur Company, remained there four years, and was then engaged at

a great expense by Dr. Beaumont to come and reside near him on the Mississippi, for the purpose of enabling him to complete his investigations. He came accordingly in August 1829, and remained till March 1831. He then went a second time to Canada, but returned to Dr. Beaumont in November 1832, when the experiments were once more resumed, and continued till March 1833, at which time he finally left Dr. Beaumont. He now enjoys perfect health, but the orifice made by the wound remains in the same state as in 1824.

"Dr. Beaumont describes the aperture in St. Martin's stomach as being situated about three inches to the left of the cardia, near the left superior termination of the great curvature. When the stomach was nearly empty, he was able to examine its cavity to the depth of five or six inches by artificial distention. When it was entirely empty, the stomach was always contracted on itself, and the valve generally forced through the orifice, together with a portion of the mucous membrane equal in bulk to a hen's egg. After sleeping for a few hours on the left side, the protruded portion became so much larger, as to spread 'over the neighbouring integuments five or six inches in circumference, fairly exhibiting the natural *rugæ*, villous membrane, and mucous coat, lining the gastric cavity. This appearance is almost invariably exhibited in the morning before rising from bed.' Such was the very favourable subject on whom Dr. Beaumont's observations and experiments were made, and such were the numerous opportunities which he enjoyed for repeating them, and verifying their accuracy. Having given this outline, we now return to the consideration of the gastric juice, on the origin and qualities of which it throws much light.

"The first disputed point which is conclusively settled by Dr. Beaumont is, that *the gastric juice does not continue to be secreted between the intervals of digestion, and does not accumulate to be ready for acting upon the next meal.* By inducing St. Martin to fast for some hours, and then placing him with the opening in the left side exposed to a strong light, so as to give a distinct view of the cavity of the stomach, Dr. Beaumont found its only contents to consist of a little viscid and occasionally slightly acidulated mucus mixed with saliva, and in no instance did he perceive any accumulation of the proper gastric juice. The same results had indeed been obtained by Tiedemann and other physiologists before the publication of Dr. Beaumont's memoir; but the evidence of the latter is so much more direct and incontrovertible, that it may justly be regarded as setting the question for ever at rest.

"Having proceeded so far, Dr. Beaumont next endeavoured to discover at what time the gastric juice begins to be poured out, and under what conditions its secretion is carried on; and here again ocular inspection afforded him satisfactory results.

"It has already been remarked, that, on pushing back the valve which filled up the opening into the stomach, the cavity within became visible to a considerable extent; and that when St. Martin lay over for a time on the left side, a portion of the villous coat, large enough to exhibit several inches of its surface, generally protruded. Owing to these circumstances, Dr. Beaumont could easily observe what changes occurred, both when food was swallowed in the usual way, and when it was introduced at the opening left by the wound. Accordingly, on examining the surface of the villous coat with a magnifying glass, he perceived an immediate change of appearance ensue whenever any aliment was brought into contact with it. The action of the neighbouring blood-vessels was instantly increased, and their branches dilated so as to admit the red blood much more freely than before. The colour of the membrane consequently changed from a pale pink to a deeper red, the vermicular or *worm-like* motions of the stomach became excited, and innumerable minute lucid points and very fine nervous and vascular papillæ could be seen arising from the villous coat, from which distilled a pure, colourless, and slightly viscid fluid, which collected in drops on the very points of the papillæ, and trickled down the sides of the stomach till it mingled with the food. This afterwards proved to be the secretion peculiar to that organ, or, in other words, the true *gastric juice;* the mucous fluid secreted by the follicles, which some have mistaken for it, is not only more viscid, but wants altogether the acid character by which it is generally distinguished.

"Pursuing his experiments, Dr. Beaumont then found that the contact not only of food but of any mechanical irritant, such as the bulb of a thermometer, or other indigestible body, invariably gave rise to the exudation of the gastric fluid from these vascular papillæ; but that, in the latter cases, the secretion always ceased in a short time, as soon apparently as the organ could ascertain that the foreign body was one over which the gastric juice had no power. But the small quantity obtainable in this way is perhaps more pure and free from admixture, and therefore better adapted for examination, than any which can be procured under any other circumstances.

"Gastric juice, in its purest form, and unmixed with any thing except the small portion of mucus from which it can never be obtained entirely free, is described by Dr. Beaumont to be a clear transparent fluid, without smell, slightly saltish (probably from the admixture of mucus), and very perceptibly acid. Its taste, he says, resembles that of thin mucilaginous water,

slightly acidulated with muriatic acid. It is readily diffusible in water, wine, or spirits, and effervesces slightly with alkalies—a direct proof of its acid nature. It coagulates albumen, and is powerfully antiseptic, checking the progress of putrefaction in meat. When pure it will keep for many months, but when diluted with saliva it becomes fetid in a few days. According to Professor Dunglison, to whom some was submitted by Dr. Beaumont for analysis, it contains free *muriatic* and *acetic* acids,—*phosphates* and *muriates* with bases of *potassa, soda, magnesia,* and *lime,*—together with an animal matter soluble in cold but insoluble in hot water. Tiedemann and Gmelin, again, describe it as composed principally of *muriatic* and *acetic* acids, mucus, saliva, *osmazome, muriate* and *sulphate of soda,* with little or no albumen; and, according to the same physiologists, the proportion of acid is always greatest when vegetables or other substances of difficult digestion constitute the chief part of the diet. Other chemists give an analysis somewhat different from either of these; a circumstance which was, indeed, to be expected, considering not only the differences caused by variations of diet, but also the necessarily different degrees of purity of the fluid submitted to examination."

"Another important principle, which Dr. Beaumont conceives to be established by his numerous experiments, and which forced itself upon him by degrees, is, that in health *the gastric secretion always bears a direct relation to the quantity of aliment naturally required by the system;* so that, if more than this be taken, there will necessarily be too small a supply of the juice for the digestion of the whole. The principle here laid down is in perfect harmony with the sympathy which we have seen to exist between the stomach and the rest of the body, and therefore not only is highly probable in itself, but, if sound, will prove a most valuable guide in the practical regulation of diet.

"The gastric secretion, and the appearance of the villous coat, undergo great modifications during disease, and on this subject also Dr. Beaumont's observations are highly valuable; because, instead of merely inferring, as others are obliged to do, he enjoyed the privilege of *seeing* with his eyes what was actually going on. In the course of his attendance on St. Martin, he found that, whenever a feverish state was induced, whether from obstructed perspiration, from undue excitement by stimulating liquors, from overloading the stomach, or from fear, anger, or other mental emotion depressing or disturbing the nervous system, *the villous coat became sometimes red and dry, and at other times pale and moist, and lost altogether its smooth and healthy appearance.* As a necessary consequence, the usual secretions became vitiated, impaired, or entirely suppressed; and the follicles from which, in health, the mucus which protects the tender surface of the villous coat is poured out, became flat and flaccid, and no longer yielded their usual bland secretion. The nervous and vascular papillæ, thus deprived of their defensive shield, were then subjected to undue irritation. When these diseased appearances were considerable, the system sympathized, and dryness of the mouth, thirst, quickened pulse, and other symptoms showed themselves; and *no gastric juice could be procured or extracted even on the application of the usual stimulus of food.*

"To enable ourselves to appreciate correctly the nature of digestion, we must begin by considering the conditions essential for its performance, or without which it cannot be carried on. The 1st indispensable requisite is an *adequate supply of gastric juice,* and its *thorough admixture with every particle of the food* on which it is to operate. The 2nd is *a steady temperature of about* 98° *or* 100° *Fahr.;* and the 3rd is *the gentle and continued agitation of the alimentary mass in the stomach while digestion is going on.*

"To test the reality of the solvent powers ascribed to the gastric juice, Dr. Beaumont withdrew from St. Martin's stomach about one ounce of it, obtained after a seventeen hours' fast, by introducing first a thermometer to induce the secretion, and then a gum-elastic tube to carry it off. Into this quantity, placed in a vial, he introduced a piece of *boiled recently-salted beef,* weighing three drachms. He then corked the vial tightly, and immersed it in water raised to the temperature of 100°, which he had previously ascertained to be the heat of the stomach when the secretion was going on. In *forty minutes,* digestion had distinctly commenced on the surface of the beef. In *fifty minutes* the fluid became quite opake and cloudy, and the texture of the beef began to loosen and separate. In *sixty minutes,* chyme began to be formed. In *one hour and a half,* the muscular fibres hung loose and unconnected, and floated about in shreds. In *three hours,* they had diminished about one-half. In *five hours,* only a few remained undissolved. In *seven hours,* the muscular texture was no longer apparent; and in *nine hours* the solution was completed.

"To compare the progress of digestion in the natural way with these results, Dr. Beaumont, at the time of commencing the experiment just described, suspended a piece of the same beef, of equal weight and size, within the stomach by means of a string. At the end of the *first half hour,* it presented the same appearances as the piece in the vial; but when Dr. Beaumont drew out the string at the end of *an hour and a half,* the beef had been completely digested and disappeared, making a differ-

ence of result in point of time of nearly seven hours. In both, the solution began on the surface, and agitation accelerated its progress by removing the external coating of chyme as fast as it was formed.

"To ascertain still more accurately the difference between *natural* and *artificial* digestion (the one *in* and the other *out* of the stomach), Dr. Beaumont put twelve drachms of *recently-salted boiled beef* into a vial, with the same number of drachms of fresh gastric juice obtained through the opening of the stomach after a fast of eighteen hours; and then placed it in a basin of water on a sand-bath, where he kept it at the heat of 100° Fahr., and continued to agitate it gently. Digestion soon commenced, and progressed uniformly for about six hours, when it ceased. One half of the meat was then dissolved, and the texture of the remainder loosened and tender,—resembling the same kind of aliment when ejected from the stomach partly digested some hours after a meal, as frequently seen in cases of digestion. On weighing the undissolved portion which remained after all action had ceased, six drachms and twelve grains of the beef were found to have been digested by twelve drachms, or nearly double its weight, of gastric juice. It thus appears that a given quantity of gastric fluid can digest only a relative proportion of meat; so that, when more is eaten than what there is juice sufficient to dissolve, stomachic disorder must necessarily follow. In this latter case, Dr. Beaumont found that the addition of fresh juice causes digestion to be resumed.

"To discover what influence would be exerted on food masticated, swallowed, and mixed with the gastric juice in the usual way, and then withdrawn from the stomach, Dr. Beaumont gave St. Martin an ordinary dinner of *boiled salt beef, bread, potatoes, and turnips*, with a gill of pure water for drink; and twenty minutes afterwards drew off through the opening about a gill of the contents of the stomach into an open-mouthed vial. In this short space of time digestion had already commenced, thus negativing the common notion, that an hour elapses before it begins. The vial was now placed in a water-bath, at a temperature of 100°, and continued there for five hours. Examined at the end of that time, the whole contents were found to be dissolved. On then extracting an equal quantity of chyme from the stomach, and comparing with the solution in the vial, little difference was observable between them, except that the process had been somewhat more rapid in than out of the stomach. But this experiment is remarkable in another point of view, as showing, that in the short space of twenty minutes, enough of gastric juice had been secreted for the entire completion of digestion.

"With a view to verify these results, and also to discover the comparative digestibility of different kinds of aliment, Dr. Beaumont gave St. Martin for dinner eight ounces of *recently-salted lean beef*, four ounces of *potatoes*, some *bread*, and four ounces of boiled *turnips*. After fifteen minutes he withdrew a portion of the contents of the stomach, and found that some of the meat had already been slightly digested. In a second portion, withdrawn at the end of forty-five minutes, fragments of the beef and bread were perceptible, and in a still more advanced state of digestion; the meat was in small shreds, soft and pulpy, and the fluid containing it had become more opaque and gruel-like in appearance. When two hours had elapsed, a third quantity was taken out, at which time nearly all the meat had become chymified and changed into a reddish-brown fluid; but *small pieces of vegetable matter now presented themselves for the first time, but in a state of digestion so much less advanced* than the meat, that their peculiar structure was still distinctly visible. Some of the second and third portions, put into a vial and treated in the usual way, advanced to complete digestion, as in the other experiment, except that the process was slower, and that a few vegetable fibres remained to the last undissolved; thus confirming the general opinion that vegetables are more difficult of digestion than animal substances.

"Such being the influence of gastric juice on different aliments at the natural heat of the body, we have now to ascertain, in the SECOND place, what share the *high temperature* has in the result. To determine this point, Dr. Beaumont took out two ounces of gastric juice, and divided it into two equal portions, in separate vials. He added to each an equal weight of masticated fresh beef; and placed the one in a bath, at the temperature of 99°, and the other in the open air, at 34°. As a contrast to these, he placed beside the latter a third vial, containing the same weight of masticated meat in an ounce of clear water.

"In two hours the meat in the warm vial was partially digested; that in the cold gastric juice was scarcely changed; and the third portion, in the cold water, seemed only a little macerated. In six hours the meat in the warm vial was half digested, while that in the two others had undergone no further alteration. The gastric juice in the first vial having by this time dissolved as much as it could of the beef, four drachms more were added from the stomach, and the vial was replaced in the bath. *Digestion, which has previously ceased, was now resumed, and went on as steadily as if it had not been interrupted*; thus showing, in a striking manner, the impropriety of exceeding in our meals the quantity for which alone a sufficiency of gastric juice can be provided.

"At the end of twenty-four hours, the three portions were examined. That con-

tained in the warm juice was completely dissolved, and presented the usual appearances. The portions contained in the cold juice and in the cold water very much resembled each other, and exhibited no appearance of chyme whatever. They were macerated or softened, but not digested. These experiments, and others of a similar nature, show clearly that a temperature equal to ordinary blood-heat is requisite for chymification.

"To make sure that it was the low temperature alone which prevented the occurrence of digestion in the experiment detailed, Dr. Beaumont now placed the vial containing the meat which had been exposed without effect for twenty hours to the action of the cold gastric juice, on a water-bath at the ordinary blood-heat. In a very short time "digestion commenced, and advanced regularly as in the other parcels." The same results were always obtained from a repetition of these experiments, so that they may be held as perfectly conclusive in establishing the essentiality of heat to the digestive process.

"THIRDLY.—The necessity of *gentle* and *continued agitation* for the accomplishment of digestion, is so obvious from the preceding exposition, that it requires no direct experiments to establish it. When portions of meat were suspended in the stomach by a string so short as to prevent them from being fully subjected to the motion already described as always going on during digestion, the action of the gastric juice was confined almost entirely to their surface, and a longer time was consequently required for their solution than when they were left at liberty. In like manner, when meat out of the stomach was placed in a vial containing gastric juice, its solution was uniformly accelerated by gentle agitation, which acted simply by removing the coating of chyme as it formed on the surface, and thus affording to the gastric fluid an easier access to the undigested portions below. Accordingly, when in one of Dr. Beaumont's experiments two ounces of unmasticated roasted beef were introduced through the external aperture into the stomach, and held by a string, only one-half of it was digested in four hours, evidently from the want of mastication confining the action of the gastric juice to the surface of the mass, and because the string prevented it from following the regular motions of the stomach.

"Such, then, are the phenomena and conditions of healthy digestion, and such is the light thrown upon them both by the valuable publication of the American physiologist. Before leaving this branch of the subject, however, it may be useful to lay before the reader, as a kind of summary, the principal inferences deduced by Dr. Beaumont from his numerous experiments and observations. But, in doing so, I shall attempt to arrange the results in their natural order; for, in the original work they are given without reference either to logical sequence or to time.

"*Inferences from Dr. Beaumont's Experiments and Observations.*"*

"1. That *hunger* is the effect of *distention* of the vessels that secrete the gastric juice.

2. That the processes of *mastication*, *insalivation*, and *deglutition*, in an abstract point of view, do not in any way affect the digestion of the food; or, in other words, when food is introduced directly into the stomach in a finely divided state, without these previous steps, it is as readily and as perfectly digested as when they have been taken.

3. That *saliva* does not possess the properties of an alimentary solvent.

4. That the *agent* of chymification is the *gastric juice*.

5. That the pure gastric juice is fluid, *clear and transparent*; without *odour*; a little salt; and perceptibly *acid*.

6. That it contains free *muriatic acid*, and some other active *chemical* principles.

7. That it is never found *free* in the gastric cavity, but is always excited to discharge itself by the introduction of *food*, or other irritants.

8. That it is secreted from vessels distinct from the mucous follicles.

9. That it is seldom obtained pure, but is generally mixed with mucus, and sometimes with saliva. When pure, it is capable of being kept for months, and perhaps for years.

10. That it *coagulates* albumen, and afterwards *dissolves* the *coagula*.

11. That it *checks* the progress of putrefaction.

12. That it acts as a *solvent* of food, and alters its properties.

13. That, like other chemical agents, it *commences* its action on food as soon as it comes in contact with it.

14. That it is capable of combining with a certain and fixed *quantity* of food, and when more aliment is presented for its action than it will dissolve, disturbance of the stomach, or "indigestion," will ensue.

15. That its action is facilitated by the *warmth* and *motions* of the stomach.

16. That it becomes intimately *mixed* and *blended* with the ingesta in the stomach by the motions of that organ.

17. That it is *invariably* the *same substance*, modified only by *admixture* with other fluids.

18. That the motions of the stomach produce a constant *churning* of its contents, and *admixture* of food and gastric juice.

19. That these motions are in two directions, *transversely* and *longitudinally*.

20. That no *other* fluid produces the same

* The inferences are given in Dr. Beaumont's own words, and the italics also are his.

effect on food that gastric juice does; and that it is the *only solvent of aliment*.

21. That the action of the stomach and its fluids is the same on *all kinds* of diet.

22. That *solid* food, of a certain texture, is easier of digestion than *fluid*.

23. That *animal* and *farinaceous* aliments are more easy of digestion than *vegetable*.

24. That the susceptibility of digestion does not, however, depend altogether upon *natural* or *chemical* distinctions.

25. That digestion is facilitated by *minuteness of division* and *tenderness of fibre*; and retarded by opposite qualities.

26. That the *ultimate principles* of aliment are always the same, from whatever food they may be obtained.

27. That *chyme* is *homogeneous*, but variable in its *colour* and *consistence*.

28. That, towards the *latter* stages of chymification, it becomes more *acid* and *stimulating*, and passes more rapidly from the stomach.

29. That the *inner coat* of the stomach is of a pale *pink* colour, varying in its hues, according to its full or empty state.

30. That, in health, it is sheathed with mucus.

31. That the appearance of the interior of the stomach, *in disease*, is essentially different from that of its *healthy* state.

32. That stimulating *condiments* are injurious to the healthy stomach.

33. That the use of *ardent spirits always* produces disease of the stomach if persevered in.

34. That *water*, *ardent spirits*, and most other *fluids*, are not affected by the gastric juice, but pass from the stomach soon after they have been received.

35. That the *quantity* of food generally taken is more than the wants of the system require; and that such excess, if persevered in, generally produces not only functional aberration, but disease of the coats of the stomach.

36. That *bulk* as well as *nutriment* is necessary to the articles of diet.

37. That *bile* is not ordinarily found *in the stomach*, and is *not* commonly *necessary* for digestion of the food; but,

38. That when *oily* food has been used it assists its digestion.

39. That *oily* food is difficult of digestion, though it contains a large proportion of the nutrient principles.

40. That the *digestibility* of aliment does not depend upon the *quantity* of nutrient principles that it contains.

41. That the natural temperature of the stomach is about 100° Fahrenheit.

42. That the temperature is *not elevated* by the ingestion of food.

43. That *exercise elevates* the temperature; and that *sleep* or *rest*, in a recumbent position, *depresses* it.

44. That *gentle exercise* facilitates the digestion of food.

45. That the time required for that purpose is various, depending upon the quantity and quality of the food, state of the stomach, &c.; but that the time ordinarily required for the disposal of a moderate meal of the fibrous parts of meat, with bread, &c., is from three to three and a half hours."

The Dublin Journal of Medical Science, May, 1836.

THE present number of this sickly concern *opens* with a *postscript*. The principal "editor," Dr. Graves, is as anxious to secure a copyright in his pathological appropriations, as his predecessor PUFF, of "The Critic," was to acquaint the world with his plagiarisms. It is amusing to observe the periodic regularity with which detection follows the "Discoveries" of the worthy Doctor,—the profound complacency with which he prints as well as witnesses the proofs of his little larcenies. The instant he adopts some point of practice, which either the folly or the good sense of the profession has for years consigned to neglect, up starts some explorator of dusty records, and exhibits the "novelty," *ipsissima verba*, as an ancient relic, though cleansed and brightened for modern eyes. In May, 1835, the Doctor announced his "discovery," that a combination of tartar emetic and opium was almost a specific in the delirium attending fever; and then, through the agency of Mr. Renshaw, he secured at Stationers' Hall his patent of *originality*. "*It is the discovery*" (thus he enrolled his title) "*of the utility of this practice in the advanced stages of spotted fever, that I claim as particularly* MY OWN, *for there is not in the writings of any author on the subject the slightest trace of such a method of treatment to be found!*" But neither the emphatic italics nor the unqualified vanity of the "specification" have availed the patentee, for the *British and Foreign Medical Review*, in less than a year, thus gives the passage from an old work by a Dr. Marryatt, of Bristol, in which the *second* "Discoverer" found his specific: "I have seen," says Dr. Marryatt, "many instances wherein a paper (*i. e.* about one grain and a half of tartar emetic) has been given every three hours without the least sensible operation, either by sickness, stool, sweat, or urine; and though the patients

had been unremittingly delirious for more than a week, with subsultus tendinum, and all the appearance of hastening death, they have perfectly recovered." Nothing discomposed by this, Dr. Graves insists on the originality of his practice; and will not be robbed of his fame even by the real author. "The practice," adds Dr. Graves, "in the *ante-post-scriptum*, of giving tartar emetic in the advanced stages of spotted and typhus fever, did not exist in Ireland before I introduced it, nor am I aware that this practice was recommended in any British school!" His notions of *originality* are themselves perfectly original —thoroughly Irish. They remind us of the original toads which we hear have recently been found near "sweet Killarney." Their *discovery* may be new, but the *toads* must be very ancient croakers in that quarter. So with the Doctor; his *discovery* of the tartar-emetic practice may be recent enough, and exclusively his own, but the *practice* itself is very old. His industry is greater than his originality.

To the "Postscript" succeeds a Report of the *Queen's County Infirmary*, for the last year, by Dr. Jacob of Maryborough. It occupies thirty pages, and contains a pleasing variety of subjects, whitewashing and fancy fairs inclusive. Every story, window, corridor, apartment, staircase, bath-room, water-closet, is carefully described in this *olla podrida* of architecture, statistics, and house-keeping. In illustration of the particularity of this queer effusion, we quote the following passage:—"The business of the Institution," says Dr. John Jacob, "is transacted by the treasurer, who acts gratuitously; the surgeon (who probably does not so act), the secretary, who performs the duties of providore and house-steward; the house-keeper; a female nurse-tender; a male nurse-tender, who also acts as *barber*, and performs other duties (close shaving this); a porter, three female servants, and a man, who acts as *janitor*, whitewashes, and assists in cleaning!" Our readers will forgive us for omitting an analysis of a paper thus prefaced. Dr. Jacob's pathology, indeed, well matches his proficiency in hospital economy. He enumerates cases, just as he catalogues the cook-maids and barber-nurses; and we learn as much from the one list as we do from the other. Dr. Jacob however, is excusable in one respect, that he probably did not design to instruct by his lucubrations, but ingeniously to place this record of the *Queen's County Infirmary* in the Dublin Journal, for distribution among his friends, as an advertisement for apprentices. This interpretation of the document is naturally suggested by an examination of those passages in which the pupils of the Infirmary are described as diligently employed in attendance on the patients—the belauded Institution having been smuggled into the list of "recognised" hospitals at the Dublin College, by Professor Jacob, the brother of the advertiser.

The paper or lecture by Dr. Graves, to which the prefatory postscript is written, appears next in order; and after it comes an Essay on the Brain and Nervous System, by Dr. Law. The garrulity and fluency of this gentleman's style, and his excessive familiarity with disease, are very ludicrous and somewhat lamentable. He appears not to have reached the preservative point of intellectual cultivation. His theories, we fear, are much too consistent to become applicable explanations of the little we do really know of morbid phenomena; and his narrative of cases is vastly too rectilinear to represent correctly the abrupt and ever-varying course of disease. He forgets that his humble readers may not be endowed with sufficient credulity for writers who are so little reserved in their communications. The fine things, however, which Dr. Law has prepared for us, all terminate, as many beautiful lucubrations have ended before, in a dose of calomel and opium!

Mr. Hamilton details the particulars of a case of Periostitis of the Orbit. The symptoms which occurred in a married woman, thirty-three years of age, were, a considerable protrusion of the eyeball; puffy swelling and a dull red colour of the eyelids; a greenish hue of the iris; the pupil horizontally oval; and, at the upper and back part of the eye, a bright green spot, of irregular shape and metallic lustre. Pain intense, referred to the eyeball, and worst at night. Sight much impaired; giddiness of the head; pulse quick and full; and tongue furred. The disease commenced three months ago, after miscarriage. She supposed it at first to be fungus hæmatodes. The disease was treated antiphlogistically, but became worse, and she was removed to the *Meath Hospital*. She got none the better

for her residence there, and she therefore left. Mr. Hamilton now discovered the true nature of the complaint, and found that she had laboured under venereal symptoms some years ago. He then gave her calomel and opium and sarsaparilla, and in the course of six weeks after being salivated she was convalescent, and has since become quite well. Some observations follow upon this and other instances of the disease which have fallen under the writer's inspection, but which we have not space to transplant into the light of day.

A paper on a case of aneurysm of the aorta, by Dr. M'Adam, concludes the "original communications" of the number. It presents no peculiarities, pathological or practical, worthy of preservation. The criticism and politics of the subsequent pages may occupy us for a short time on another occasion, but the examination will probably be *necroscopic*, for, to all appearances, the Dublin journal is nearly a corpse.

THE LANCET.

London, Saturday, May 14, 1836.

The institution of "self-supporting dispensaries" is engaging at this time a considerable share of attention, and it affords us great satisfaction to perceive, that the plan on which those establishments were originally set on foot, is regarded as untenable by an immense majority of our professional brethren. True it is that the "success" of some of these dispensaries has been trumpeted forth in high-sounding notes, but whenever we call for the *details* of the establishments,—for a statement of the amount of subscriptions, for particulars of the accounts, and for an enumeration of the payments which have been awarded to medical practioners for their services, no such documents are forthcoming. We are justified, therefore, in believing that the boasted "success" has, in all instances, been a part of an odious system of professional puffing and quackery.

In the metropolis, we believe, there is but one opinion on the subject. *Here*, all men of experience concur in the opinion, that upon the terms on which it was originally proposed to maintain "self-supporting dispensaries," the patients would be *neglected*, and the surgeons *robbed*. That medical assurance societies *might* be formed upon sound and rational principles, cannot be denied, although we are disposed to doubt whether even these could be established on a permanent and satisfactory basis, in the absence of interference on the part of the legislature. The arrangements under the new Poor Law, will force this subject upon the attention of Parliament.

The profession at this moment is all but in state of disorganization, and the anxiety for the Report of the Parliamentary Medical Committee is intensely painful. Whatever may be the conditions of a new code of laws for medical government, quite certain is it that if an efficient *medical police* be not instituted, no permanent good will result from any arrangements, however ingeniously devised. There must exist somewhere a power to punish those practitioners who may so conduct themselves as to inflict disgrace upon the profession, or injury upon the community. The reprehensible practices which have lately been witnessed, both in and out of the Unions, must be repressed, even if the strict vigour of the law be resorted to for the purpose. In a multitude of instances the terms on which persons calling themselves "physicians" and "surgeons" have engaged to attend patients at "self-supporting dispensaries," and the sick poor in parochial unions, are at once scandalous, cruel, and fraudulent. Yet the law does not interpose to prevent such practices, but, on the contrary, there are persons in authority who have had the audacity to allege that *none others* shall receive their sanction. The application of an antagonist power is wanted for the correction of these abuses, and it affords us, therefore, the most sincere satisfaction to observe the course

which medical practitioners themselves are now taking, in the hope of giving a just bias to public opinion, and to the feeling of Parliament. The manifestation of a determined opposition on the part of the respectable and untainted majority of the profession to the "Union Contracts," and "self-supporting" humbugs, will operate most advantageously, in the absence of a law which would be adequate to the removal of the existing evils. Amongst others, we have received with pleasure the following notification:—

"SELF-SUPPORTING DISPENSARIES.—At a meeting of medical gentlemen, held at 87, Lisson-grove, on Monday, May 9th, 1836, to discuss the subject of the advantages or disadvantages of '*Self supporting Dispensaries*,' to the community and the medical profession, Joseph Houlton, Esq., in the chair, it was unanimously resolved:—

"That '*Self-supporting Dispensaries*' are uncalled for in this metropolis, considering the assistance which is adequately afforded to the poor by hospitals and other institutions, and to the necessitous at all times by practitioners of every class; and that such dispensaries are highly injurious to the interests of the medical profession."

(Signed)
PATRICK GILLESPIE, Sec., *pro tem.*

In the concluding portion of this resolution the subject is not considered on a sufficiently-enlarged foundation; because although it is quite true that such quack shops are highly injurious to the interests of the *medical profession*, yet it is well known, and must be acknowledged by every thinking man, that the direct and indirect injuries which they are calculated to inflict upon the *community*, are greater by a thousand fold. They strike, in fact, at that very principle on which alone the profession can hope to be sustained,—that of procuring a profitable return for the employment of time and capital in the acquisition of knowledge. Assuredly, gentlemen of sense and prudence will not place their sons in the profession of medicine, when they discover that it furnishes no protection for respectability, no security for an honourable and faithful discharge of the duties which devolve on the scientific practitioner. The tendency, therefore, of some of the recent practices in the unions, and the general establishment of quack shops styled "self-supporting" dispensaries, is to throw the entire practice of the profession into the hands of a set of scheming, unprincipled adventurers. A continuance in this degrading course for any great length of time, would deprive the public of nine-tenths of the utility which it would be in the power of a respectable and highly-enlightened body of gentlemen to confer upon their suffering fellow-creatures.

It is impossible to devote a moment's attention to any abuse in our profession, without being forcibly struck with the culpable conduct of our *medical colleges*. The votaries of quackery have held their seats in *high places*. In the *hospitals* and the *medical corporations*, the *worst practices of the system* ORIGINATED *and were* SANCTIONED. Offices of the highest respectability have been obtained in them by the mere influence of *family interest*, and *merit* has been altogether neglected and unrewarded beneath their roofs. Instead of holding out to the mass of the profession the examples of a good system of government, the rulers of those institutions became unblushing participators in practices which ought unhesitatingly to have been spurned by all honourable minds. Although such examples were most pernicious, yet it appears that the independence and respectability of the profession will be secured by the exertions of those high-minded practitioners, whose judgments and feelings have remained uncorrupted by the baneful designs and acts of *the heads of their colleges*.

We earnestly hope that wherever the members of our profession have an opportunity of witnessing the effects of the "self-supporting dispensaries," and of exposing the intrigues which *have* led, or *may* lead to their establishment, they will freely communicate to the public whatever information

they may be enabled to collect on subjects of so much importance. At all times the columns of this Journal shall be freely opened to their authenticated communications.

The report of a case which appears at page 235 of the present number of The Lancet, by Dr. Inglis, in which the treatment of a case of double fracture of the thigh bone, upon a plan which has been introduced into use with such perfect success by Mr. Radley, of Newton Abbot, will be read with great interest by every practical surgeon. Notwithstanding however all that has been said on the subject, the broken limbs of the patients in the London hospitals are still packed and screwed into wooden and tin cases. By Mr. Radley's plan the aids of nature are courted. By the plan ordinarily adopted the intentions and objects of nature are violated.

DEATH OF MR. MILLARD.

It is with much regret that we have to announce the decease of Mr. Millard, the late demonstrator of anatomy at the Webb-street School, who expired at his house in Abingdon-street, on Saturday, the 7th instant, having fallen a victim, in the 27th year of his age, to that destructive disease phthisis pulmonalis.

He was the second son of the Rev. C. F. Millard, of Norwich, in which city he commenced his professional career under the auspices of that distinguished surgeon, Mr. Crosse. Although young in years, Mr. Millard had acquired great celebrity as a teacher, and it is due to his character to state that the honourable station to which he had attained was the result of no fortuitous events, but was the just reward of talents well directed in the acquisition of professional knowledge, and of integrity of conduct conspicuously evinced in all the relations of private life.

Thoroughly master of the subject which he had undertaken to teach, and possessing acquirements of a superior order, he was distinguished not only by a degree of industry which has been rarely excelled, but especially by the very lucid and yet comprehensive manner in which he conveyed to his hearers the details of even the most intricate branches of human anatomy.

We had the satisfaction, in a former number of The Lancet, to record the high estimation in which Mr. Millard was held by his pupils, who, on the occasion to which we refer, presented him with a lasting memorial of their esteem and respect, and we should neither do justice to the worth of the lamented deceased, nor to the feelings of his numerous friends, if we did not state that his many amiable qualities had endeared him to every member of that school, the reputation of which he so importantly contributed to uphold.

RUMINATION IN A MAN.

A patient was lately admitted into the *North-London Hospital*, under the care of Dr. Elliotson, suffering from gastrodynia, to which he had been liable at intervals for some years. On inquiring into the history of the case the following particulars were ascertained, and on reference to the practitioner who had attended him previous to his admission into the hospital, and who had relieved the rumination by means of creosote, they were found to be perfectly correct. Soon after dinner he felt a fluttering of the stomach, and a portion of his food rose up in his mouth with eructation; at first he was in the habit of spitting these away, but, finding it so continual, he commenced re-masticating it; on swallowing this a fresh portion rose. If he swallowed gristle or anything hard, it would keep rising until that substance only remained which he spat away. Greens taken at dinner caused him to ruminate sooner, and that with a disagreeable taste; cold beer produced the same effects, whilst if it was warmed it relieved the pain. If he took fat meat, he occasionally had retchings, and threw up a quantity of oily fluid, sometimes of a greenish colour, and coagulating on exposure to cold. When the food was well masticated, or if he refrained from beer, rumination did not come on so soon. Beef and mutton returned sooner than bacon and pork. These symptoms were removed by creosote previous to his admission, and he only ruminated two or three times afterwards. The gastrodynia was subdued by sub-nitrate of bismuth. Dr. Elliotson remarked that he had only seen one case of rumination in the human being; he had read one to the students last summer, and several others were recorded. One case was reported some time since in The Lancet.

ERGOTISM AMONGST THE TROOPS IN SPAIN.

Dr. Sigmond read a paper at a late meeting of the *Medico-Botanical Society*, in which he entered into an elaborate review of the opinions published with regard to the medical effects of the ergot of rye. In giving a description of the symptoms of ergotism, he mentioned that he had no doubt that the disease at present so fatal to the English troops in Spain, arose from the bread containing large quantities of ergot of rye, the description of the affection produced completely coinciding with that termed "ergotism" by writers. If proper inquiries were made on the subject, he felt convinced that the charges brought against the bakers of attempting to poison the troops would be abandoned.

Composition of Franks's Quack Solution of Copaiba.—(*From a Correspondent.*)—At a late meeting of the *Medico-Botanical Society*, Dr. Sigmond detailed some experiments which had been made in Mr. Battley's laboratory, which had led to the discovery of the mode in which "Franks's Specific" was formed. He showed to the Society the results of several trials by which it was fully ascertained that the balsam, triturated with magnesia, rendered solid, and then diffused in spirits of wine, to which spirits of nitrous ether were added, became capable of being mixed with water, and afforded the most important preparation of this valuable remedy that had yet been found. The only bad effect of which he had heard, where too large quantities had been taken, was the production of salivation.

DECEPTION IN A PARTNERSHIP.

To the Editor of The Lancet.

Sir: Conceiving that the publication of a statement of some circumstances which have lately occurred to me may prove advantageous to young members of the profession, I transmit that statement to you for insertion in your journal, and at the same time that it acts as a warning to others, it will demonstrate the inadequacy of the protection which is afforded by the law to the regular practitioner in medicine.

Having advertised for a "Partnership," a person named *Richard Durnell* answered the advertisement, stating to me and my attorney that he was a member of the College and the Hall, with other representations as to his patients, none of which I could at the time detect to be erroneous, so well were his plans and statements arranged. A few months after signing a deed of partnership, I was compelled to prefer charges against him on account of his acting to my prejudice, and having unpleasant legal proceedings instituted against him, which made me suspicious of his solvency. These charges were referred to arbitration, notwithstanding which I was advised by several barristers and an eminent special pleader to arrest him, though my partner, for money owing, because being legally neither a surgeon nor an apothecary, there could be no partnership.

Durnell, after a lapse of three months, filed his petition in the Insolvent Debtors Court, and although there was every proof of his having assumed a character and station (by which he had obtained considerable pecuniary credit) to which character he had no more right than a repairer of watch-springs or a maker of wooden legs; yet the court permitted his discharge without a reprimand for violating the law by this intrusion on the rights of the medical profession.

My case is another proof how little regard is paid, even in a court of justice, to the rights of the profession. As the law now stands any person who may have acquired a slight knowledge of dispensing, may style himself a "surgeon," and, with slight risk, attain a good income, while those who expend their capital in obedience to the law have no protection afforded them.

I trust that a notice of this case will excite members of the profession to combine for the protection of their rights, while those who may be embarking their all in the profession, may receive a warning of some of those shoals which may be concealed from their view in their progress as practitioners.

I remain, Sir, yours obediently,

J. E. Bright.

14, Lamb's Conduit-street,
(late of 12, Golden-square,) May 9, 1836.

DR. COPLAND'S DICTIONARY OF PRACTICAL MEDICINE.

To the Editor of The Lancet.

Sir: In answer to a note, signed "*A Subscriber*," in the latest Number of The Lancet, respecting my *Dictionary of Practical Medicine*, allow me to state, that the report to which he alludes is quite unfounded; that I am labouring hard at the work, and have been doing so since January 1831, when I commenced it; that I am not likely to relinquish that which I have advanced far in completing, and that I have sundry incentives to persevere—especially in a regard for my own reputation, in the favourable reception the work has met with, in the encouragement and indulgence I have received from my publishers, and in the advantages directly and indirectly ac-

cruing from it. *I regret much that numerous unexpected occurrences have tended to retard the appearance of the fourth part, as in the case of the third; but it has advanced far towards completion, and many of the articles for the subsequent parts have been written for some time.* It should be recollected that each of the parts contains as much letter-press as five or six octavo volumes of the common size; that the articles are original, and the subjects are treated of more fully and comprehensively than in any other work; that the numerous opinions and facts adduced are stated so succinctly that a few pages contain the labour of weeks; and that even the apparently simple matter of arranging them, and of deciding upon their merits, requires time, and not a little mental exertion. The third and fourth parts, moreover, comprise the subjects of greatest difficulty. Allow me to assure the subscribers that I will labour incessantly until the work is completed; and that, if a kind Providence continue my health and strength in its present state, I have every reason to expect that this end will be attained before the termination of the next year. I am, Sir, yours &c.,

JAMES COPLAND.

Bulstrode-street, May 9, 1836.

DROPPING OF THE HAND

AS A SYMPTOM OF DISEASE.

To the Editor of THE LANCET.

SIR: In a late number of your journal, containing a report of the discussions at a meeting of the *London Medical Society*, I observe that several gentlemen seem agreed as to the "dropping of the hand" in cases of poisoning from lead, to be produced from the use of the brush by painters, that class of persons, from the nature of their employment, being especially liable to the deleterious effects of that metal.

Though I do not conceive it to be a point of much importance, as to whether this symptom is alone peculiar to painters, I have had an opportunity of observing the contrary, in the treatment of nearly the whole crew of one of the East India Company's largest ships, the cause and history of whose cases have no relation to the present remarks, but they presented almost every variety of symptoms which have been recorded as resulting from the poison of lead, and amongst them was the "dropping of the hand;" this symptom, I confess, occurred but in few instances, and perhaps to no very obstinate degree, with the exception of one case, which is at this moment most prominent in my mind,—it was that of the carpenter of the ship, who, after several violent attacks of colica pictonum, lost all power of his upper extremities, or, more properly, that of the fore-arm and wrists; upon raising the entire limb, the hand hung down at an acute angle with the arm, seemingly freed from all control of the extensor muscles. In nearly this condition the man remained for several months, and so helpless as to be unable to button his own clothes, but he ultimately regained the entire use of his arms. He was treated with tonics, occasional blistering, and pumping cold water on the wrists. Though he had not altogether recovered at the termination of our voyage, he was instructed to continue the employment of those means, and in a short time afterwards was able to resume his duties on board, in preparation for the ship's again proceeding to sea. I am, Sir, yours, &c.,

JOHN MACKINLAY

(Late Surgeon Hon. Co.'s Service).

London, May 10th.

EPPING UNION.

REMARKS ON THE REPLY OF MESSRS. DOBSON AND GODDARD.

To the Editor of THE LANCET.

SIR: Unwilling as I feel to trespass upon the columns of your scientific Journal with such "base matter," yet a sense of justice to the medical meeting of the Epping Union (at which I had the honour to act as chairman) as well as a desire to bear testimony to the *correctness* of your report of their proceedings, induces me to reply to Messrs. Dobson and Goddard's *attempt at explanation* in your last Number, "Magna est veritas, et prevalebit."

At the meeting alluded to, the following resolution was proposed:—

"That those who are present do pledge themselves, as men of honour, neither directly or indirectly, to make overtures to the Board of Guardians respecting the attendance of the poor of the Epping Union, until another meeting has been held, when such measures shall be adopted as will promote the best interests of the members of the medical profession generally in the Union, to be then conjointly determined; such meeting to take place after some notice on the subject of medical relief shall have emanated from the Board of Guardians. And this, as chairman, I submitted, and *Messrs. Dobson* and *Goddard*, as well as the gentlemen present, pledged themselves to, by *holding their hands up* in affirmation. This can be amply testified by Messrs. Morgan, Carey, and Davis, of Woodford, Mr. Soley, of Walthamstow, Messrs. M'Nab and Loft, of Epping, and Mr. Haylock, of Harlow, who attended the meeting; and this occurred *before* the *cham-*

payne dinner, and such was the unanimity upon the occasion, that it was contemplated to form a medical club at Epping.

At the subsequent meeting, agreed upon in consequence of a notice from the Board of Guardians respecting the medical attendance on the poor, it was stated by Mr. Rix that, notwithstanding the resolution so cordially entered into, Messrs. Dobson and Goddard had, on the *week previous*, sent in *tenders*, not only for their own district, but also for his (*Mr. Rix's*). This Messrs. D. and G. *could not deny*, but attempted to qualify their conduct by observing, "We were bound to protect our own interests." The meeting strongly animadverted upon this (to say the least) dereliction of their engagements, and it was suggested to Messrs. Dobson and Goddard, "*that the sooner they left the room the better*," which they immediately complied with.

This is the plain "unvarnished tale." I shall not presume to comment upon these proceedings; they require none, but I beg merely to state that this pledge of honour was most strictly maintained by all the other practitioners, and I regret that there should be a necessity for again intruding this detail on the public.

Relying upon your zeal in the cause of our profession, and the incalculable benefits your vigilant pen has conferred upon it, I shall feel obliged by your inserting this letter in your next Number, which I assure you is written "more in sorrow than in anger." I remain, Sir, yours respectfully,

GEORGE ROBT. ROWE.

Chigwell, Essex, April 31, 1836.

APOTHECARIES' HALL.

FOREIGN MEDICAL CERTIFICATES.

In consequence of the insertion of the following reply to a correspondent in THE LANCET of April 30, the subjoined notification has been forwarded to us from Apothecaries' Hall:—

"*A Constant Reader.*—Certificates of attendance, granted in Paris, on the lectures and hospital practice of that capital, are not received by candidates for the diplomas and licenses at the College of Surgeons, London. A knowledge of medicine which is obtained on the continent, is deemed a contraband commodity by our wise and disinterested medical rulers."

To the Editor of THE LANCET.

SIR: The attention of the Court of Examiners of this Society having been drawn to a paragraph appearing in THE LANCET of the 30th ultimo under the head of "Correspondents," which is calculated to mislead students who have received their medical education abroad, I am directed to acquaint you that certificates of attendance on lectures and hospital practice in Paris and other foreign schools, are, and for many years past have been, received by the Court, provided that such certificates are recognised by the medical authorities of the countries in which the lectures and hospital practice are attended. I am, Sir, your most obedient servant,

ROBERT B. UPTON, Secretary.

Apothecaries' Hall, May 5, 1836.

We receive the contradiction of our statement with surprise and pleasure,—with surprise because we had long been given to understand that no such arrangement existed,—and with pleasure, because it is an indication of comparative liberality in the conduct of Apothecaries' Hall,—a liberality which finds no parallel in the "regulations" of the College of Surgeons.

MEDICAL WITNESSES BILL.

To the Editor of THE LANCET.

SIR: As I find that you have, or are about to introduce, a bill for the remuneration to surgeons for their attendance at inquisitions, I take the liberty of calling your attention to the order recently issued to all parochial officers by the commissioners under the New Poor-Law Amendment Act, directing them not to pay any expense attendant upon coroners' inquests.

The inconvenience and complaints produced by this order are great, and the constables will not inform the coroner of any violent deaths which occur in their districts, as every constable will avoid his duty in this respect, if unattended with remuneration; for the trouble of summoning jurymen, witnesses, &c., and obtaining their punctual attendance, is considerable.

If you could obtain an alteration of this absurd order, or you should think it right to make other provision in your bill, a large portion of the community would be much indebted ty you. I have the honour to remain very obediently yours,

W. ROBINSON.

Dudley, May 3, 1836.

*** THE MEDICAL WITNESSES BILL refers only to the payment of those medical men who may be summoned to attend coroners' inquests. All other matters are designedly excluded. The facts noticed by

our correspondent will be fit subjects for legislation in a CORONERS' BILL, which in all probability will be brought forward in the next session of Parliament.

WESTMINSTER MEDICAL SOCIETY.

Saturday, May 7, 1836.

Dr. ADDISON, President.

SINGULAR CASE OF PARALYSIS.

DR. JOHNSON asked the opinion of the members on the following case. A gentleman, twenty-eight years of age, had, during the last seven years, experienced five epileptic seizures, at considerable and irregular intervals, the last one occurring about eighteen months since. Almost immediately after this attack, he began to notice a numbed kind of feeling in the toes, which continued gradually extending upwards, until it reached the middle of the thigh. The upper extremities became similarly affected, the numbness first commencing at the tips of the fingers. Nine months since, when the affection had not assumed a serious aspect, he married: marriage did not seem to affect the disease; but about four months since, having been frightened by his candle going out, whilst he was looking for a book up-stairs, where he had gone for it, he suddenly became deprived of all muscular power, and had to creep down stairs on his hands and knees; he had not since been able to walk without support. His present symptoms were loss of sensation and power in the upper and lower extremities, as well as loss of power and sensation in the rectum and bladder: the genital function had gradually become weaker and weaker, he at first having an imperfect erection with emission. He now has no emission, though the erection is rather stronger than it was when he had. He can only evacuate his bladder at the time of going to stool, which is once in about twenty-four hours, the efforts of straining pressing the abdominal muscles, so that they act on the bladder in expelling its contents; he has no sensation of fulness in it, or desire to micturate, even when it contains a large quantity of urine. His head is free from pain, his intellectual faculties stronger than they were even before his first epileptic seizure, and he is cheerful. No cause could be assigned for the epilepsy. He had been a temperate, healthy man, not addicted particularly to women, and had only once taken a small quantity of mercury. He took so little notice of the epileptic fits, from the long intervals between them, that he had applied no remedies for them. He had consulted Sir A. Cooper and Dr. Johnson. He (Dr. J.) would state to the society the opinion himself and Sir Astley had come to, after the members had stated theirs, as to the cause and prognosis of this affection.

Dr. ADDISON and Mr. KING considered that there was some organic lesion of the spinal marrow very high up, or some morbid growth, perhaps exostosis, which pressed upon it. Dr. A. had seen a case of a strong man who had several epileptic fits, and afterwards had loss of sensation in one leg, and loss of power in the other: he, however, got better.

Dr. JOHNSON said, that he and Sir Astley Cooper had decided there was some organic lesion of the spinal marrow, or in the posterior part of the brain.

CANCER.—USE OF THE CHLORIDE OF ZINC.

MR. URE was now called on for his paper on *cancer* and *noli me tangere*. After entering into an elaborate description of the etymology, and the various forms which the disease assumes, and also the species into which pathological anatomists have divided these morbid growths, he proceeded to consider a mode of treating these affections, recently introduced into practice, and to supply a rationale of the action of the remedy—the chloride of zinc. M. Foy having satisfactorily proved that albumen is the principal component of scirrhous and encephaloid tumours, forming in the first 12, in the second not less than 47 per cent., he since assumed this albumen to be diseased, though in what the morbid deviation consists has not yet been ascertained. Mr. Ure proceeded, first, however, to show that for the relief of morbid changes of this character, the knife was the only effectual mode of extirpation, unless, indeed, caustic were applied; both practices had however fallen much into disuse, from the difficulties encountered in applying them, and their failure in reaching to the roots of the disease—the first, too, had its inconveniences and uncertainties, both from the terror the knife excites in the mind of female patients—and the very great frequency of relapse. The remedy which he (Mr. U.) had to propose to the society, had been successfully employed in many cases by Dr. Canquoin of Paris in these affections. It was rather remarkable, that though Sir H. Davy in 1812 had indicated the corrosive powers of the chloride of zinc, these had been overlooked, and its virtues had so long lain dormant. Now as chloride had a powerful affinity for albumen, as he Mr. Ure had before demonstrated, he considered that a part of its efficacy in eradicating from their ultimate ramifications these morbid growths, is to be ascribed in some degree to the chemical action it exercises on albumen—for when the chloride of zinc, whether it be in the formula of the flour paste of Canquoin, or

in that of the sulphate of lime paste as proposed by Mr. U., comes into contact with the morbid albumen, it forms by that process an eschar, the thickness of which can be previously estimated with great precision. From the physiological principle that the vital and chemical forces are antagonists to each other, it follows that the parts on which the vitality is feeble, are soonest affected by chemical agents; thus we may conceive that the morbid albumen, prone to spontaneous change, yields more readily than the surrounding healthy parts to the action of the above-mentioned substance. The chloride of zinc is employed in the form of paste, in varied proportions, mixed with anhydrous sulphate of lime, which counteracts its deliquescence, and forms a porous medium by which the escharotic is allowed gradually to transude into the diseased tissues. When applied in this manner its operation may be said to be purely local, as it is scarcely ever known except when applied about the eyelids, where there is much loose cellular tissue, to produce any surrounding inflammation or swelling; the eschar coming away from the eighth to the twelfth day, leaving behind a healthy granulating sore. No constitutional effect had, in those cases in which Mr. Ure had employed it, followed its application; the pulse remaining natural, and the skin cool. The pain which accompanies its action is of a violent burning character, persisting with great intensity for the first seven or eight hours, but after that, when the surface has been fairly eroded, the pain becomes supportable, and continues so during the remainder of its application. Opium seems to have a great effect in soothing the pain, and rendering the application less formidable. The cases in which the chloride of zinc is chiefly efficacious, might with propriety be classed into subcutaneous and cutaneous scirrhi, and carcinomatous ulceration, commonly termed *noli me tangere*. With respect to scirrhous tumours, its application was indicated in those instances in which either the use of the knife was impracticable, or the patient would not submit to excision. Mr. URE seemed to consider that those small lenticular or pyriform indurations which make their appearance in the skin, and which are often designated *lupoid tubercle*, are, in fact, small cancerous affections developed in a part possessing a low degree of sensibility; that these might be primary or secondary, and in the latter case were a sure criterion of cancerous diathesis, —becoming complicated sooner or later with other internal or external malignant affections. Mr. URE then proceeded to describe minutely the characters of carcinomatous ulceration, illustrated by several casts and drawings; specimens also of the eschars removed by the chloride were sent round. They resembled mushrooms, having striated convex under-surfaces, the striæ radiating towards the centre. Mr. URE then adduced some cases illustrative of the principles of his practice. The first case was that of a woman in the *Westminster Hospital*, who had a hard nodulated ovoid scirrhous tumour of the size of a hen's egg in the left mamma, accompained with violent lancinating pain; it was of three years' standing. Two applications of the "phagedenic paste," as it is termed, sufficed to eradicate the tumour. The next case was one of carcinoma of the penis, in which three applications were sufficient to remove the ulceration. Two other cases were related of carcinomatous ulceration of the face, in which a single application effected a cure.

Several members considered that as a local means of treatment, both from its action being limited to a part, and the certainty of its operation, its introduction into practice was likely to be attended with great benefit, in those malignant superficial ulcerations described by Mr. Ure.

LITHOTRIPSY.

To the Editor of THE LANCET.

SIR: As there is no part of his profession in which the younger surgeon has more difficulty in arriving at the truth than the result of operations, the account of an unsuccessful case of lithotripsy will, I am persuaded, be interesting to many of your readers; and I cannot avoid embracing this opportunity to solicit your numerous contributors to forward to your invaluable Journal any cases, whether successful or otherwise, which may have fallen under their immediate notice. I am fully persuaded that no extensive body of facts can be brought together by any individual on this most important practical point, as those who have as yet chiefly practised lithotripsy, have used their best endeavours to conceal all unsuccessful cases from the public eye, and I am confident that I am correct in averring that there is no individual who could at this moment presume to give anything like a correct account of the comparative results of the two operations. I am perfectly aware of the varied success of the *cutting* operations in the hands of different individuals, which may, in some measure, account for Sir Benjamin Brodie having repeatedly declined of late performing lithotomy, and having recommended his patient to submit to lithotripsy; but I cannot help suspecting that even his own untoward results have been fully equalled by those of his favoured lithotripsy.

CASE.—An officer of high rank in the Indian army came to this country, labouring

under all the symptoms of urinary calculus, in an aggravated form. He had excruciating pain on every endeavour to evacuate the bladder; and his calls to micturate were perhaps more urgent than I ever had occasion to witness in similar cases. The stream of urine was broken, feeble, and frequently interrupted, and several drops of blood escaped towards the termination of most of his evacuations. Sir Benjamin declared, that after a recent and careful chemical analysis, the result of which was afterwards confirmed by Dr. Prout, the specific gravity of the urine was exactly 1.025. It was slightly coagulable by heat, and by the addition of nitric acid and alcohol; it slightly reddened the blue litmus paper, and deposited a large proportion of a muco-puriform fluid. All the symptoms were much aggravated by exercise, and, in particular, by sexual intercourse, after which, for several days, there usually was an increase of the bloody discharge, and an aggravation of all the other symptoms; these, however, were on several occasions relieved, by cupping the perineum, and drinking the decoction of the "Pareira Brava," as written by Sir Benjamin.

Yielding to the recommendation of a professional adviser, he was induced, contrary to his own wishes, to submit to the new and improved lithotriptic process. With great dexterity an enterprising foreigner introduced his curved instruments into the bladder, seized the stone, and secured it firmly between the blades. The apparatus being now firmly secured, the *hammer* was applied in the most judicious manner, and on the most approved principles, stroke succeeding to stroke in the most cautious and dexterous fashion. For a time the calculus seemed to yield to the gradually measured impulse from without, and every hope was entertained of the most favourable and satisfactory result. But on attempting to disentangle the instrument and change the position of the foreign body, it was unhappily discovered that the blades would not move freely on each other. It then appeared also that the two parts could neither be separated nor approximated, even after there was every reason to suppose that the foreign body had escaped from their grasp. To add to the dilemma of the operator, he next found it impossible to withdraw the instrument *per vias naturales*. "What was to be done?" became the general exclamation of those concerned in the operation, and of the affrighted bystanders, and the feelings of the unfortunate patient can be more easily conceived than described. After much deliberation the patient was doomed to submit to have not only the stone, but the instrument, cut out. Nothing could be more appalling than to witness the submission of this brave man to the change of position, from having been immoveably fixed on a table by the necessary apparatus, to having his hands and feet bound together. After many extensive incisions, which it was deemed necessary to make in various directions, Sir B., now the operator, reached the lithotriptic instrument, which the worthy baronet found so much bent as to render its withdrawal in that state through the urethra quite impracticable. The difficulty now of finishing this second operation, appeared almost insurmountable; but with a degree of presence of mind, and a decision seldom witnessed on such trying occasions, a pair of polypus forceps were procured, and with much perseverance on the part of the operator, and heroic endurance on the part of the patient, the apparatus was finally withdrawn, and *nothing but the stone left in the bladder*.

The subsequent sufferings of the patient were not so agonizing as might have been anticipated, so that he lived for three days afterwards. I have the honour to be, Sir, your very obedient servant,

VERITAS.

———street, Berkeley-square,
May 11, 1836.

*** The name and full address of the writer have been handed to us. We may state that the operation was recent, but the date should have been recorded in the letter. How much longer is a statistical account of the cases treated by the new operation in England, to remain unpublished? Or if it be not the business of any one individual to supply the necessary materials for the calculation, why are they not furnished to the editor of one of the medical journals, to collate for publication? The process will continue to meet with rebuffs, apparently most just, and seriously affecting its reputation, until an honest and candid numerical statement of cures, deaths, and relapses, by lithotrity and lithotripsy, is laid before the profession.

HOPITAL DE LA PITIE, PARIS.

ACUTE GASTRITIS AFTER A LARGE DOSE OF TARTAR EMETIC.—ADYNAMIC FEVER.

A MAN, fifty-two years of age, entered this hospital with all the symptoms of well-marked pneumonia. He was first bled, then we commenced with him the use of tartar emetic, of which we gave him six grains the first day and twelve the second day, in three glasses of infusion of orange leaves, to which was added half an ounce of sirup of diacordium. At the time the patient commenced the use of tartar emetic, the digestive passages presented no signs of

softening; the tongue was moist and whitish; there was neither thirst, vomiting, nor nausea; the abdomen, in every part, soft, and free from pain; scarcely a single stool occurred every two days.

The day after he took six grains of tartar emetic he presented no symptom connected with the digestive passages; they appeared to us to be in the same state as they were in the day before; some nausea took place without vomiting. The signs of pneumonia in the second stage continued in all their intensity.

We now doubled the dose of tartar emetic, as we did in many other cases, without any unpleasant consequences.

On the same day profuse vomiting came on, and purging also took place. When we revisited the patient the vomiting was going on, as well as the diarrhœa. The tongue, until then natural, became red and dry. He complained of an acute pain in the epigastrium, which was increased by pressure. The use of tartar emetic was discontinued; however, during the twenty-four hours following, the vomiting continued. It then ceased, and did not reappear, but the digestive passages remained affected, and during the six following days, we witnessed the development of still more serious symptoms.

Thus, the tongue becomes covered with a black coat; the lips and teeth become blackish; the abdomen becomes distended to such a degree, that the course of the colon may be traced through the abdominal parietes; four or five stools took place every day. The countenance acquired a leaden hue, and presented an air of most marked stupor. Soon after the patient no longer asks questions. He is in a low muttering delirium; all his features are immoveable; some subsultus tendinum is perceived; the prostration becomes more and more considerable. The pulse acquires constantly increasing frequency, and death takes place twenty days after the invasion of the pneumonia.

Post mortem.—All the left lung, except at its apex, presented a combination of red and gray hepatization. The stomach was contracted, and its inner surface lined with a grayish mucus. Beneath this mucus it presented through its entire extent, a slate-coloured ground, surmounted by an intensely red dotting; attentive examination soon showed that this dotting resulted from a fine and general injection of the villosities At the same time that it is thus coloured, the mucous membrane underwent considerable thickening; far from being softened in any of its points, it was every where as if indurated, and had a granulated appearance. The valves of the duodenum were of a bright red colour. The small intestine presented nothing but slight injection of its mucous membrane to the extent of a foot above the ileo-cæcal valve. No follicle was discovered in this intestine. The cæcum participated in the injection of the end of the small intestine. The mucous membrane of the colon presented a number of red bands, between which it was white and of the natural consistence. The liver, considerably gorged with blood, presented nothing abnormal in other respects.

If Pinel were to give a name to the disease which forms the subject of the case now read, he would have called it *adynamic fever supervening during the course of a pneumonia*. In fact, all the symptoms characteristic of this fever are to be found here. Yet, is it the disturbance of the nervous system which here opens the scene? By no means. It is in the digestive passages that the symptoms evidently commence (redness and dryness of the tongue; profuse evacuations up and down; epigastric pains). Then of these phenomena none remain save the redness of the tongue and a little diarrhœa; but it is then that the *symptoms called adynamic* appear. All these disturbances succeed the use of the tartar emetic so suddenly, we so plainly perceive the several phenomena set out from the digestive passages, that we can scarcely refuse to consider that the employment of the tartar emetic was the cause of them. To this, no doubt, it will be said that in a thousand other cases nothing similar is observed; we grant it, but we also know that there are particular dispositions which render very dangerous the administration of large doses of tartar emetic, though, under ordinary circumstances, it may be harmless.

A short time since, for instance, we saw a man, forty-eight years of age, attacked with severe pneumonia, which had arrived at the stage of hepatization, who was made to take in divided doses only six grains of tartar emetic in a six-ounce mixture. Before the administration of this medicine had been commenced, the digestive passages appeared to be in a healthy state; the tongue was moist and pale; we ascertained from the previous history that the patient had habitually good digestion. After the first few spoonfuls of the emetic solution vomiting appeared. Hopes were entertained that tolerance would be established, as happens in many cases, and the medicine was continued; but quite the contrary result took place; the vomiting became more and more frequent; the tongue, previously pale and moist, became red and dry as a bit of parchment; the two following days the patient did not pass a quarter of an hour without the vomiting being renewed: nothing could stop it, and he died from the exhaustion consequent on it. The body was not examined after death.

The case which suggests to us these reflections, presents then a well-marked example of what is called adynamic fever, produced by an acute inflammation of the sto-

mach. Is this typhoid fever? No; it is not in the order and succession of the symptoms of pyrexia, which has for its anatomical character, inflammation of Peyer's glands; but with respect to the nature of the symptoms, is it not a disease of the same family? It is a gastritis, in consequence of which adynamic symptoms become developed.—*Andral's Clinique Medicale.* Translated by Dr. Spillan.

TREATMENT OF FEVER.

We have had the patients at the *Hopital La Pitie* subjected to the most different modes of treatment. Some took, during the entire progress of this disease, nothing but simple diluents of an acidulous or mucilaginous nature: they observed strict regimen and repose, and no active treatment was employed with them. Others took no other medicine internally than these same diluents; but blood-letting, to a greater or less extent, was resorted to. In several, the skin was covered with sinapisms, or blisters, or irritated by stimulant frictions. In some, cold applications were made to the head, and baths of various temperatures were employed. Purgatives, and more frequently emetics, were employed in a considerable number of cases; and lastly, with others, a tonic and stimulant treatment was adopted. Several, either at the same period, or at different stages of their illness, were treated, at one and the same time, or successively, by two, three, or four of these methods.

If we endeavour to estimate the influence of these different modes of treatment, we shall find the most serious difficulties. For all, we might cite instances of success, and for all, even the reverse; it would be easy, then, to find motives for preferring such or such a treatment, or to say that *according to the cases* such a treatment should be preferred. But whilst thus confining ourselves to the generalities of the question, certainly we should not be able to solve it, because the elements of its solution do not exist in the cases I have related. Whatever the treatment employed, there is a certain number of cases in which nature conducts the affection to a favourable or fatal termination, without the treatment having any share in the result. But if nature performs so considerable a part here, it is manifest that in order to appreciate the influence of the treatment, it is necessary to subject to a rigorous examination a much greater number of facts than ours, to the end that, the same results being reproduced a great number of times, we may be able to calculate what belongs to nature and what to art. The writers on epidemic diseases have not proceeded in this way, the majority of them thinking it sufficient to point out, in a general way, what treatment has appeared to them to succeed best. It is only when coincidences have been repeated very frequently, that it is allowable to consider as connected together, two facts which have presented themselves together so frequently. By collecting the numerous observations published by men of all opinions on this particular point, we think that the treatment of fever might be not a little benefited.—*Spillan's Andral's Medical Clinique*, Part IV.

Mr. Rogerson, a surgeon, was last week elected coroner for Wigan, after a contest with an attorney. The inhabitants of the North seem to be more enlightened with regard to the objects and importance of the Coroner's Court, than their southern brethren. In the county of Surrey, lately, a medical candidate was obliged to retire from the field, on occasion of a vacancy made by the death of Mr. Carter, and leave the office to the competition of two lawyers, because he had no chance of attaining his purpose. The arena being thus freed from the question of *qualification*, which the presence of the medical gentleman had necessarily raised, the two attorneys commenced the struggle under political banners, one lifting the Liberal, and the other the Tory flag, and under these ensigns they induced the freeholders to accomplish that for *party* which the electors were indisposed to effect for *science* and the public weal. The "liberal" attorney, we believe, was successful.

While this contest is yet fresh in the columns of the newspapers of one county, two attorney-coroners residing in adjoining counties, Middlesex and Essex, have been framing a petition to the legislature in favour of the object of the Medical Witnesses Bill, and with a view to securing at inquests the advantage of that knowledge which is declared in Surrey to be a superfluity at those institutions. The petition has been confided to the care of Mr. Wakley for presentation.

CORRESPONDENTS.

A Country Clergyman.—We cannot name any *book* which we conscientiously believe will adapt our correspondent for even the limited duties which he humanely desires to fulfil.

Mr. Alderson must oblige us with a full and candid description of the whole of the treatment he employs, or we cannot insert one line of communication from him on the subject described in his letter of the 9th.